

1 IN THE UNITED STATES DISTRICT COURT  
2 FOR THE NORTHERN DISTRICT OF OHIO  
3 EASTERN DIVISION

4 IN RE: NATIONAL PRESCRIPTION ) No. 17-md-2804  
5 OPIATE LITIGATION NO. 2804 )  
6 )  
7 APPLIES TO ALL CASES ) Hon. Dan A. Polster  
8 )  
9 )

10 HIGHLY CONFIDENTIAL - SUBJECT TO FURTHER  
11 CONFIDENTIALITY REVIEW  
12  
13

14 VIDEO DEPOSITION OF CHRIS DYMON  
15  
16

17 January 25, 2019  
18 9:09 a.m.  
19  
20

21 Reporter: Jude Arndt, CSR, RPR  
22 CSR No. 084-004847  
23  
24

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1	DEPOSITION OF CHRIS DYMON produced, sworn, and examined on January 25, 2019, at Bartlit Beck	1 INDEX OF INTERROGATION
2	Herman Palenchar & Scott LLP, 54 West Hubbard Street, Suite 300, in the City of Chicago, State of Illinois, before Jude Arndt, a Certified Shorthand Reporter and Certified Court Reporter.	2 Examination by Mr. Shkolnik
3		3 INDEX OF EXHIBITS
4		4 Exhibit Walgreens-Dymon-001
5	APPEARANCES OF COUNSEL	5 (E-mail, "Walgreens University Information")
6	On Behalf of Plaintiff:	6 (PPLPC014000362724 - PPLPC014000362773)
7	Napoli Shkolnik PLLC 105 West Vandalia Street, Suite 475	7 Exhibit Walgreens-Dymon-002
8	Edwardsville, IL 62025 (844) 230-7676	8 (E-mail chain)
9	BY: MR. HUNTER SHKOLNIK	9 Exhibit Walgreens-Dymon-003
10	MS. CHELSEA THOMPSON	10 (E-mail chain)
11	MR. RODNEY CABRERA	11 (WAGMDL00102645 - WAGMDL00102648)
12	(present via speakerphone)	12 Exhibit Walgreens-Dymon-004
13	MS. JODI KLOCKENGA	13 (E-mail, "Status Formatt")
14	(present via speakerphone)	14 (WAGMDL00245768 - WAGMDL00245769)
15	On Behalf of Walmart:	15 Exhibit Walgreens-Dymon-005
16	Jones Day 77 West Wacker Chicago, Illinois 60601 (312) 782-3939	16 (E-mail chain)
17	BY: MR. PATRICK J. BEISELL	17 (WAGMDL00660341 - WAGMDL00660343)
18	pbeisell@jonesday.com	18 Exhibit Walgreens-Dymon-006
19	On Behalf of Cardinal Health:	19 (E-mail chain)
20	Armstrong Teasdale LLP 7700 Forsyth Boulevard, Suite 1800 St. Louis, MO 63105 (314) 621-5070	20 (WAGMDL00107582 - WAGMDL00107584)
21	BY: MR. PAUL L. BRUSATI	21 Exhibit Walgreens-Dymon-007
22	pbrusati@armstrongteasdale.com	22 (Spreadsheets)
23	On Behalf of AmerisourceBergen:	23 (WAGMDL00415363 - WAGMDL00415368)
24	Jaszczuk, P.C. 311 South Wacker Drive, Suite 3200 Chicago, IL 60606 (312) 442-0302	24 Exhibit Walgreens-Dymon-008
	BY: MS. MARGARET M. SCHUCHARDT	25 (E-mail chain)
	mschuchardt@jaszczuk.com	26 Exhibit Walgreens-Dymon-009
		27 (E-mail chain)
		28 Exhibit Walgreens-Dymon-010
		29 (Authentication of prescription order policy)
		30 (WAGMDL00749381 - WAGMDL00749407)
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1	APPEARANCES OF COUNSEL (CONTINUED)	1 INDEX OF EXHIBITS (CONTINUED)
2	On Behalf of Walgreens:	2 Exhibit Walgreens-Dymon-011
3	Bartlit Beck LLP 54 West Hubbard Street, Suite 300	3 (E-mail chain)
4	Chicago, IL 60654 (312) 494-4400	4 Exhibit Walgreens-Dymon-012
5	BY: MS. SHARON DESH	5 (E-mail chain)
6	sharon.desh@bartlit-beck.com	6 Exhibit Walgreenss-Dymon-013
7	On Behalf of Mallinckrodt:	7 (E-mail chain)
8	Hahn Loeser & Parks LLP 65 East State Street, Suite 1400	8 Exhibit Walgreens-Dymon-014
9	Columbus, OH 43215 (614) 453-7129	9 (E-mail chain)
10	BY: MS. TERESA J. HARDYMON	10 Exhibit Walgreens-Dymon-015
11	thardymon@hahnlaw.com (present via speakerphone)	11 (E-mail chain)
12	Also present: Ben Stanson, videographer	12 Exhibit Walgreens-Dymon-016
13	Evan J. Wolfe, trial tech	13 (Status report, January 28, 2013)
14		14 Exhibit Walgreens-Dymon-017
15		15 (Status report, February 14, 2013)
16		16 Exhibit Walgreens-Dymon-018
17		17 (Status report, December 19, 2013)
18		18 Exhibit Walgreens-Dymon-019
19		19 (Status report, April 17, 2014)
20		20 Exhibit Walgreens-Dymon-020
21		21 (E-mail chain)
22		22 (WAGMDL00316771 - WAGMDL00316785)
23		23 Exhibit Walgreens-Dymon-021
24		24 (E-mail chain)
		(PPLPC004000365800 - PPLPC004000365802)

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1 INDEX OF EXHIBITS (CONTINUED)	1 MR. BRUSATI: Paul Brusati, Armstrong
2	2 Teasdale, on behalf of Cardinal Health.
3 Exhibit Walgreens-Dymon-022 Page 324	3 MS. DESH: Sharon Desh, Bartlit Beck, on
(PowerPoint, "Pharmaceutical Integrity")	4 behalf of Walgreens.
(WAGMDL00707955 - WAGMDL00707973)	5 THE VIDEOGRAPHER: Will counsel on the
4	6 phone please identify yourselves?
Exhibit Walgreens-Dymon-023 Page 337	7 MR. CABRERA: This is Rodney Cabrera again
5 (Annual Performance Review)	8 with Napoli Shkolnik for the plaintiff.
(P-WAG-02681)	9 MS. KLOCKENGA: Jodi Klockenga with Napoli
6	10 Shkolnik for plaintiff.
7 (Exhibits are attached.)	11 THE VIDEOGRAPHER: Thank you. The court
8	12 reporter today is Jude Arndt. Will you please swear in
9	13 the witness?
10	14
11	15 The witness, CHRIS DYMON, first having been duly
12	16 sworn, testified as follows:
13	17 QUESTIONS BY MR. SHKOLNIK:
14	18 Q. Good morning, Mr. Dymon. My name's Hunter
15	19 Shkolnik. I'm going to be asking you a series of
20	21 questions today about your work at Walgreens over the
21	22 years that you've been there.
22	23 If you don't understand any of my
23	24 questions, please let me know. Sometimes I have a
24	tendency to pick up my pace, and usually the court
Page 7	Page 9
1 THE VIDEOGRAPHER: We are now on the	1 reporter shuts me down, but if they don't and you want
2 record. My name is Ben Stanson. I am a videographer	2 me to slow down, just say so; okay?
3 for Golkow Litigation Services. Today's date is	3 A. Yes, sir.
4 January 25th, 2019, and the time is 9:09 AM.	4 Q. And you just did the perfect answer.
5 This video deposition is being held in	5 There's no head nodding. Just -- if there's an answer,
6 Chicago, Illinois, in the matter of the national	6 just say yes, no, whatever your answer is. We may know
7 prescription opiate litigation, MDL Number 2804,	7 what we're talking about, but a head nod or a shrug or
8 pending in the U.S. District Court, Northern District	8 something like that may get picked up on the camera,
9 of Ohio, Eastern Division. The deponent is Chris	9 but the official report is actually the court reporter,
10 Dymon.	10 so we need verbal; okay?
11 Will counsel please identify yourselves	11 A. Understood.
12 for the record?	12 Q. And if you answer a question without
13 MR. SHKOLNIK: Hunter Shkolnik, Napoli	13 asking me to rephrase it or to change it, I'm going to
14 Shkolnik, on behalf of the MDL plaintiffs and Cuyahoga	14 assume you understood it. Do you understand that?
15 County. You can --	15 A. Yes, sir.
16 MS. THOMPSON: Chelsea Thompson with	16 Q. Are you currently employed by Walgreens?
17 Napoli Shkolnik for plaintiff.	17 A. Yes.
18 MR. WOLFE: Evan Wolfe, technology	18 Q. How long have you been employed by the
19 support.	19 company?
20 MS. SCHUCHARDT: Margaret Schuchardt,	20 A. Since 2003.
21 Jaszczuk P.C., on behalf of Amerisource Bergen	21 Q. And if I'm not mistaken, you hold a Pharm
22 Corporation.	22 D degree?
23 MR. BEISELL: Patrick Beisell on behalf of	23 A. Correct.
24 Walmart.	24 Q. And you also hold a master's in business.

Page 10	Page 12
<p>1 Am I correct?</p> <p>2 A. Yes.</p> <p>3 Q. And you obtained your master's in business</p> <p>4 administration while you were working at Walgreens?</p> <p>5 A. Yes, sir.</p> <p>6 Q. And that was around the time of 2012-2013</p> <p>7 time frame?</p> <p>8 A. Yes, sir.</p> <p>9 Q. And at the same time you were also working</p> <p>10 in the -- working as part of the RX Integrity team that</p> <p>11 was developing a new SOM process for the company?</p> <p>12 A. I was working on the RX Integrity team at</p> <p>13 that time.</p> <p>14 Q. And they were developing a new suspicious</p> <p>15 order monitoring program for the company at that time,</p> <p>16 were they not?</p> <p>17 A. Can you please clarify by new?</p> <p>18 Q. What part of new don't you understand?</p> <p>19 A. Are you referring to new as something did</p> <p>20 not exist or new as continuing to evolve a current</p> <p>21 process?</p> <p>22 Q. Well, how about we pose it this way?</p> <p>23 There was a new group established in the latter part of</p> <p>24 2012 to deal with SOM; correct?</p>	<p>1 A. No.</p> <p>2 Q. What did you do for Walgreens before you</p> <p>3 joined this new developing RX Integrity team?</p> <p>4 A. I was a pharmacy manager.</p> <p>5 Q. And a pharmacy manager, meaning you were</p> <p>6 at the store level managing a specific pharmacy or</p> <p>7 series of pharmacies?</p> <p>8 A. Correct.</p> <p>9 Q. What was your region?</p> <p>10 A. The Chicagoland area.</p> <p>11 Q. And how many stores did you oversee as a</p> <p>12 pharmacy manager prior to joining RX Integrity, the new</p> <p>13 team?</p> <p>14 A. Just one.</p> <p>15 Q. Which store was that?</p> <p>16 A. The last store was in Buffalo Grove,</p> <p>17 Illinois.</p> <p>18 Q. I'm sorry. I couldn't hear that.</p> <p>19 A. Buffalo Grove, Illinois.</p> <p>20 Q. And how long had you been at Buffalo --</p> <p>21 I'm going to say it wrong -- Buffalo Grove, Illinois?</p> <p>22 A. Probably about a year-and-a-half.</p> <p>23 Q. Had you worked through a number of stores</p> <p>24 prior to that?</p>
<p style="text-align: center;">Page 11</p> <p>1 A. Correct.</p> <p>2 Q. So when I say to you were you involved in</p> <p>3 a new program, is that a fair statement? You were</p> <p>4 involved in a new program being established by the</p> <p>5 company on the handling of suspicious order monitoring</p> <p>6 by Walgreens in 2012?</p> <p>7 MS. DESH: Objection. Vague.</p> <p>8 A. I refer to it as a new team to work on --</p> <p>9 Q. (By Mr. Shkolnik) Oh, so -- I'm sorry.</p> <p>10 So --</p> <p>11 A. The team --</p> <p>12 Q. So the word program is the problem?</p> <p>13 A. Correct.</p> <p>14 Q. When you said program, that would be --</p> <p>15 you're talking about like a computer program?</p> <p>16 A. Something specific, yes.</p> <p>17 Q. Okay. I stand corrected then. So at the</p> <p>18 time you were going for your MBA, you were part of a</p> <p>19 new team that was responsible for handling suspicious</p> <p>20 order monitoring at Walgreens?</p> <p>21 A. Correct.</p> <p>22 Q. Had you been part of any team that was</p> <p>23 responsible for suspicious order monitoring prior to</p> <p>24 joining this new team?</p>	<p style="text-align: center;">Page 13</p> <p>1 A. Yes.</p> <p>2 Q. Why don't you take us back to when you</p> <p>3 first joined Walgreens in any capacity, whether it was</p> <p>4 an intern, pharmacy tech, cash register work, or</p> <p>5 whatever it is? Let's start at the beginning, work</p> <p>6 your way up to when you became part of this</p> <p>7 newly-developing RX Integrity team?</p> <p>8 A. Started with Walgreens in 2003 as a</p> <p>9 pharmacy intern. Upon graduation from University of</p> <p>10 Illinois college of pharmacy with my Pharm D in 2014, I</p> <p>11 then became a licensed pharmacist in the state of</p> <p>12 Illinois.</p> <p>13 I worked numerous stores in the</p> <p>14 Chicagoland area. In 2006 I became a pharmacy manager,</p> <p>15 and over -- between 2006 to the end of 2012 managed</p> <p>16 pharmacies across the Chicagoland area.</p> <p>17 Q. And you mentioned that you have a Pharm D.</p> <p>18 Is there any other degree that you obtain when you're</p> <p>19 in pharmacy school?</p> <p>20 A. Some pharmacists have just a bachelor's of</p> <p>21 science in pharmacy.</p> <p>22 Q. And what is the difference between Pharm D</p> <p>23 and bachelor of science?</p> <p>24 A. Doctorate versus a bachelor's.</p>

<p style="text-align: right;">Page 14</p> <p>1 Q. I understand the name, but in terms of 2 your training?</p> <p>3 A. Additional clinical training.</p> <p>4 Q. And is there additional years of schooling 5 for Pharm D versus the bachelor of pharmacy?</p> <p>6 A. Yes. Depending on what state and how the 7 programs are structured.</p> <p>8 Q. Let's talk about your program -- what, if 9 any, difference there is in terms of formal in-school 10 training between the bachelor of science and the Pharm 11 D?</p> <p>12 A. My university did not offer any other 13 options. Just a doctorate.</p> <p>14 Q. And how many years was that program?</p> <p>15 A. Four years.</p> <p>16 Q. And the bachelor of science program that's 17 often offered at other schools -- is that also a 18 four-year degree or something less?</p> <p>19 A. It could be something less.</p> <p>20 Q. And in order to -- you mentioned that you 21 had additional training -- I'm assuming that's outside 22 of the school area -- in order to reach the Pharm D 23 level. Is that a fair statement?</p> <p>24 A. You do as part of your academic</p>	<p>1 A. No.</p> <p>2 Q. Did you do any type of outpatient clinic 3 settings?</p> <p>4 A. Yes.</p> <p>5 Q. What type of outpatient clinic settings 6 did you work in this part of your training?</p> <p>7 A. Ambulatory care.</p> <p>8 Q. So would that be an ambulatory care -- 9 sort of a surgery center, or some other type of 10 ambulatory care facility?</p> <p>11 A. This -- the one I did was dermatology.</p> <p>12 Q. And they would do surgical procedures 13 there and --</p> <p>14 A. Yes.</p> <p>15 Q. Would you be responsible for issuing -- 16 I'm sorry. Would you have -- withdraw that. Were you 17 responsible when you were doing your internship in the 18 ambulatory care setting with responsibilities of 19 filling prescriptions that patients would take out of 20 the facility?</p> <p>21 A. Yes.</p> <p>22 Q. Were you also responsible for filling any 23 pharmaceutical requests for utilization within the 24 ambulatory facility while the patients were receiving</p>
<p style="text-align: right;">Page 15</p> <p>1 curriculum.</p> <p>2 Q. So is it you work part, you study part?</p> <p>3 It's like all integrated?</p> <p>4 A. It's all integrated. Yes, sir.</p> <p>5 Q. And as a Pharm D -- I mean, I'm not in any 6 way suggesting it's not important degree -- the 7 doctorate. In what way is a Pharm D different than a 8 BS in pharmacy? Just -- I never really asked anyone 9 that question. You're probably the best person for me 10 to ask that.</p> <p>11 A. Additional clinical training via rotations 12 during your academic curriculum.</p> <p>13 Q. And would that be in stores, hospitals, or 14 some other type of facility, or both?</p> <p>15 A. All types of environments.</p> <p>16 Q. Was there a certain area that you focused 17 on when you were doing your clinical rotations during 18 your Pharm D training?</p> <p>19 A. No.</p> <p>20 Q. Did you do stores?</p> <p>21 A. Yes.</p> <p>22 Q. Did you do any hospital setting?</p> <p>23 A. Yes.</p> <p>24 Q. Did you do any hospice-type settings?</p>	<p>1 care?</p> <p>2 A. Yes.</p> <p>3 Q. How long did you do that?</p> <p>4 A. I believe it was approximately four- or 5 six-week rotation. I can't exactly recall.</p> <p>6 Q. As part of that rotation did you become 7 experienced in the distribution of any controlled 8 substances?</p> <p>9 A. No.</p> <p>10 Q. Did that ambulatory clinic fill 11 prescriptions for any C-II to C-V prescriptions?</p> <p>12 A. Not that I'm aware of.</p> <p>13 Q. So it would be fair to say that you 14 weren't involved in any distributions or prescription 15 filling of C-II to C-V while there?</p> <p>16 A. Correct.</p> <p>17 Q. In addition to the ambulatory center, what 18 other -- what hospitals did you rotate through, and how 19 long?</p> <p>20 A. University of Illinois-Chicago hospital.</p> <p>21 Q. And how long was that rotation?</p> <p>22 A. Same time length.</p> <p>23 Q. Just so I'm clear, the rotations are 24 generally a month to month-and-a-half into different</p>

<p style="text-align: right;">Page 18</p> <p>1 settings?</p> <p>2 A. Correct.</p> <p>3 Q. And it would give you experience in</p> <p>4 different types of pharmacy settings, whether it's</p> <p>5 store, medical facility, hospital, et cetera?</p> <p>6 A. Correct.</p> <p>7 Q. And in addition to -- well, when you were</p> <p>8 at the hospital setting, were you responsible for</p> <p>9 filling prescriptions for patients that were leaving</p> <p>10 the hospital to take with them?</p> <p>11 A. No.</p> <p>12 Q. When you were at the University of</p> <p>13 Illinois doing your internship, were you responsible</p> <p>14 for filling prescriptions for use within the hospital</p> <p>15 facility?</p> <p>16 A. Yes.</p> <p>17 Q. Would that include filling prescriptions</p> <p>18 for pills, parenteral, any other types of</p> <p>19 pharmaceuticals?</p> <p>20 A. Yes.</p> <p>21 Q. Did -- in that capacity, were you</p> <p>22 responsible for filling any prescriptions related to</p> <p>23 C-II to C-V controlled substances?</p> <p>24 A. Yes.</p>	<p style="text-align: right;">Page 20</p> <p>1 while you were doing your Pharm D?</p> <p>2 A. Yes.</p> <p>3 Q. What is -- tell me -- let's go start from</p> <p>4 the beginning and work our way through, if you could.</p> <p>5 A. Pharmacy benefit consulting.</p> <p>6 Q. Pharmacy benefit consulting. What is</p> <p>7 that?</p> <p>8 A. Working with consultant groups who work</p> <p>9 with PBMs and employers, talking about benefit design</p> <p>10 for programs.</p> <p>11 Q. And in what capacity did you work at those</p> <p>12 facilities? Was this one -- withdraw that. Was this</p> <p>13 one PBC?</p> <p>14 A. It's a consulting group.</p> <p>15 Q. And how long did you rotate with them?</p> <p>16 A. Same as the other rotations.</p> <p>17 Q. Four to six weeks?</p> <p>18 A. Correct.</p> <p>19 Q. What was your responsibility as a student</p> <p>20 Pharm D intern at the prescription benefit consulting</p> <p>21 firm?</p> <p>22 A. Working on benefit design for employer</p> <p>23 groups.</p> <p>24 Q. Were you re -- were you working on</p>
<p style="text-align: right;">Page 19</p> <p>1 Q. And were those generally for use in</p> <p>2 patients within the hospital setting?</p> <p>3 A. Yes.</p> <p>4 Q. Just so I'm clear, were any of the</p> <p>5 prescriptions you filled for C-II to C-V controlled</p> <p>6 substances while you were at that rotation to be taken</p> <p>7 by the patient when they left the hospital setting?</p> <p>8 A. No.</p> <p>9 Q. Were you in any way involved with giving</p> <p>10 instructions to patients that were leaving the hospital</p> <p>11 with prescriptions for C-II to C-V medications on how</p> <p>12 they should utilize those medications?</p> <p>13 A. Not that I can recall, no.</p> <p>14 Q. Were you responsible with giving any</p> <p>15 instructions to releasing patient -- patients being</p> <p>16 released on where they should fill prescriptions?</p> <p>17 A. No.</p> <p>18 Q. Were you in any way responsible for</p> <p>19 telling patients any of the risks and benefits of C-II</p> <p>20 to C-V medications?</p> <p>21 A. No.</p> <p>22 Q. In addition to the hospital, the</p> <p>23 dermatology clinic, were there any other facilities</p> <p>24 that you did rotations through while you were at --</p>	<p style="text-align: right;">Page 21</p> <p>1 formularies?</p> <p>2 A. Yes.</p> <p>3 Q. As part of your work in developing</p> <p>4 formularies -- just so the jury understands, what does</p> <p>5 it mean to be -- what is a formulary in the setting of</p> <p>6 a pharmacy benefit consultant or plan?</p> <p>7 MS. DESH: And objection. Compound. You</p> <p>8 can answer.</p> <p>9 Q. (By Mr. Shkolnik) I'll rephrase it. What</p> <p>10 do you mean by -- withdraw that. What is meant by a</p> <p>11 formulary?</p> <p>12 A. A list of drugs that a PBM covers or a</p> <p>13 payor covers.</p> <p>14 Q. In what capacity did you work on</p> <p>15 formularies as a student intern at that time?</p> <p>16 A. Just presenting them to the employer</p> <p>17 groups so they could understand which payor they would</p> <p>18 choose to pick their benefit with.</p> <p>19 Q. When you say to the -- did you say payor</p> <p>20 that they would pick?</p> <p>21 A. Correct.</p> <p>22 Q. So help me understand that. As a --</p> <p>23 working for the consultants, would you have various</p> <p>24 plans that you would present to employers?</p>

Page 22	Page 24
1 A. Correct.	1 a big portion of the work you did at Walgreens? Am I
2 Q. And part of your job was to be part of the	2 correct?
3 team to present the different plans, the strengths and	3 A. Correct.
4 weaknesses, cost-benefits for those -- each of those	4 Q. And would I be correct that that was
5 plans?	5 around the 2012 into 2013 time frame, during this
6 A. Correct.	6 development of the new team?
7 Q. And each plan has a formulary associated	7 A. In 2013, once I joined the team.
8 with it. Am I correct?	8 Q. Before 2013 and joining that team -- when
9 A. Correct.	9 I say that team, the RX Integrity team -- had you done
10 Q. And were you responsible in any way with	10 any work with good faith dispensing policies and
11 developing the drugs that were included on the	11 education?
12 formulary?	12 A. Education, yes.
13 A. No.	13 Q. What type of work in education of good
14 Q. Those were prepackaged as part of the	14 faith dispensing did you do prior to 2013?
15 plans when they were given to you to discuss with the	15 A. Just the training I received from
16 company that was seeking benefits?	16 Walgreens when those policies were released to the
17 A. Correct.	17 stores.
18 Q. Have you ever been involved with	18 Q. And when was that? Around 2012?
19 developing a formulary for a prescription benefit plan?	19 A. I can't exactly recall. It was in the
20 A. No.	20 mid-to-late 2000s.
21 Q. After doing the four-to-six-week rotation	21 Q. So it was before 2010?
22 in the PBC, what did you do next?	22 A. I believe so. I cannot recall at the
23 A. I did a rotation with Walgreens and --	23 exact date of when it was released.
24 with a field leader.	24 Q. Going back to when you were shadowing the
Page 23	Page 25
1 Q. Did you say you were at Walgreens and a	1 pharmacy supervisors and managers. Was that also a
2 field leader, or is that one and the same?	2 four-to-six-week program?
3 A. It's a Walgreens rotation. You work with	3 A. Correct.
4 a field leader in the pharmacies.	4 Q. Back at that time in 2003, was one of your
5 Q. And could you explain for us what that	5 plans to go work for Walgreens?
6 means, please?	6 A. Yes, one of many.
7 A. I would work with either the pharmacy	7 Q. It was big employer in the area where you
8 supervisor, the district manager, and shadow that	8 were going to school? Am I correct?
9 individual as they would go store to store and see	9 A. Correct.
10 operationally how they would manage and interact with	10 Q. And for graduates of your school that was
11 their pharmacy team members.	11 one of the -- one of the employers that was sought
12 Q. And what time frame was this?	12 after? Is that a fair statement?
13 A. All back in 2003.	13 A. It's a fair statement.
14 Q. In 2003 when you were shadowing either	14 Q. Back then did you have intentions of going
15 Walgreens supervisors or store managers, had you	15 into the corporate area of pharmaceutical, or was it
16 been -- withdraw that. In 2003 when you were shadowing	16 your plan to just be at the -- not that there's
17 either the Walgreens supervisors or store managers, had	17 anything wrong with it, but being at a store level?
18 you ever heard of the phrase good faith dispensing as	18 A. Long-term plan was to get into a
19 it relates to C-II to C-V medications?	19 corporate- or business-type environment.
20 A. Not that I can recall at that time.	20 Q. And while you were shadowing the
21 Q. Did there come a time when you learned --	21 supervisor or store manager, did you have -- did you
22 learned of a phrase good faith dispensing?	22 get experience in utilizing the ordering system that
23 A. Yes.	23 was in place in Walgreens during that time frame?
24 Q. In fact, at some point in time that became	24 A. No.

<p style="text-align: right;">Page 26</p> <p>1 Q. Did you do any work at the store level 2 while you were shadowing them? 3 A. No. 4 Q. What type of work did you do when you were 5 shadowing either supervisors or managers at that time, 6 if you recall? 7 A. It was more just listening, engaging, 8 sitting in on presentations, understanding, again, how 9 they interacted with team members just to gain an 10 experience of how to work with people. 11 Q. And back then did you have any involvement 12 in terms of education or training while you were doing 13 that -- that four-to-six-week program at Walgreens? 14 Any experience with the methods and procedures at 15 Walgreens for dispensing C-II to C-V medications? 16 A. No. 17 Q. After Walgreens, what did you do? After 18 that four-to-six-week program? 19 A. Another rotation went out to the next one. 20 Q. Was it another Walgreens store, or did you 21 go to CVS, or somebody else? 22 A. I believe it was another hospital setting. 23 I think Highland Park Hospital was one of my next 24 rotations.</p>	<p style="text-align: right;">Page 28</p> <p>1 A. No. 2 Q. Was any aspect of it education of patients 3 on the use and risks of opioids? 4 A. No. 5 Q. Do you have recollection of doing any -- 6 or filling any prescriptions for C-II to C-V opioids 7 while you were there? 8 A. Not that I can recall. 9 Q. Certainly in the hospital setting you must 10 have been -- some must have come across the table. Is 11 that a fair statement? 12 A. That's a fair statement, but again, I 13 can't recall. It's over a decade ago. 14 Q. I understand. 15 A. Yeah. 16 Q. Did you receive any specific training at 17 that facility on what, if any, steps you had to do if 18 you were filling a C-II to C-V controlled substance, in 19 particular opioids? 20 A. Not that I can recall. 21 Q. Back when you were in your training, did 22 you have any education, either in the school or any of 23 the modules that you did outside, the work modules, 24 that included training on steps that you should follow</p>
<p style="text-align: right;">Page 27</p> <p>1 Q. And Highland Park Hospital, once again, a 2 four-to-six-week rotation? 3 A. Correct. 4 Q. And in the pharmacy at Highland? 5 A. Correct. 6 Q. And were you responsible for dispensing 7 medications while you were doing your rotation? 8 A. Correct. 9 Q. Was that primarily a hands-on, get a 10 prescription, fill a prescription, type of a training 11 program? 12 A. That's inpatient hospital pharmacy, so 13 yes, you receive an order from a physician, but it's 14 not outpatient setting; it's inpatient. 15 Q. So I'll try to clarify my question. 16 Irrespective of how you got the prescription, whether 17 it was electronic through the hospital system or paper 18 or something else -- was it primarily get prescription 19 from somewhere in the hospital setting, fill it for use 20 in patients within the hospital? 21 A. Correct. 22 Q. Was any aspect of it get a prescription, 23 fill it, so patients have either bottles or -- bottles 24 of prescriptions to take home with them?</p>	<p style="text-align: right;">Page 29</p> <p>1 when you're filling prescriptions for C-II to C-V 2 controlled substances such as opioids? 3 A. Yes. 4 Q. Was it in-school training? 5 A. Yes. 6 Q. Were there any out -- in any of the 7 outside modules, the rotations -- was there training in 8 those as well? 9 A. Not that I can recall. 10 Q. Your in-school training, could you tell us 11 as best as you can what that consisted of? 12 A. Pharmacy law course. 13 Q. And so that we're talking somewhere in the 14 vicinity of 2000 to 2003, or after 2003? What time 15 frame? 16 A. While I was in pharmacy school. 17 Q. And what year -- we started with 2003 18 as -- when you were doing some rotations, but when in 19 relation to the four years of your education did your 20 training, the law training on C-II to C-V, take place? 21 A. Somewhere between 2002 and 2003. 22 Q. So would it have been a course in the more 23 advanced portion of your education? 24 A. Yes.</p>

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<p>1 Q. As you sit here today, do you have any 2 recollection of the -- of what the training consisted 3 of regarding the filling of prescriptions for C-II to 4 C-V controlled substances that you learned back then?</p> <p>5 A. Yes.</p> <p>6 Q. Why don't you tell us about it, please?</p> <p>7 A. It's a pharmacy law course, so it was a 8 review of what are the state regulations for dispensing 9 a controlled substance and what are the federal 10 regulations around dispensing a controlled substance.</p> <p>11 Q. And did you primarily focus on federal and 12 Illinois, or did you look at other states as well?</p> <p>13 A. Just those -- federal and Illinois.</p> <p>14 Q. Was there -- as -- sitting here today, do 15 you have any recollection if there were any differences 16 between the two that you were taught?</p> <p>17 A. Can you please specify by differences?</p> <p>18 Q. Sure. Was -- well, let's start with the 19 Illinois. As best as you can recall, what was -- what 20 were the requirements that you were taught back in the 21 2002, 2003 time frame for filling of prescriptions as 22 controlled by the state of Illinois?</p> <p>23 A. What would you like me to specify? I'm 24 not going to go through the entire pharmacy practice</p>	<p>1 Q. Back at that time were there limitations 2 on refills for C-II to C-Vs?</p> <p>3 A. For Schedule II.</p> <p>4 Q. In what way were there difference in 5 refills in Illinois?</p> <p>6 A. Not allowed on a Schedule II.</p> <p>7 Q. No refills at all?</p> <p>8 A. Correct.</p> <p>9 Q. And the C-III to C-Vs -- were refills 10 allowed?</p> <p>11 A. Yes.</p> <p>12 Q. Were there any limitations on refills for 13 those?</p> <p>14 A. Yes.</p> <p>15 Q. What were the limitations on refills for 16 those?</p> <p>17 A. Up to a six-month window.</p> <p>18 Q. Just so the jury can understand what we're 19 talking about, when you say -- when we talk about 20 C-IIs, what is your understanding of C-II controlled 21 substances as they relate to opioids? What were 22 those -- what drugs would fall within that category?</p> <p>23 A. At what time frame are you referencing?</p> <p>24 Q. Let's -- the time frame when you had your</p>
<p style="text-align: center;">Page 31</p> <p>1 act.</p> <p>2 Q. I mean, as you're sitting here today, do 3 you know the whole pharmacy?</p> <p>4 A. I do not, and I'm not an attorney.</p> <p>5 Q. And are there any highlights that you took 6 away from the training in that course on how a 7 pharmacist goes about following the law in Illinois for 8 filling a controlled substance C-II to C-V 9 prescription?</p> <p>10 MS. DESH: Objection. Vague.</p> <p>11 A. Basic elements is what the board proposes, 12 and that's what we reviewed in the course, what are the 13 elements of a prescription. That's what the law folks 14 designed.</p> <p>15 Q. (By Mr. Shkolnik) When you say the 16 elements of a prescription, what does that mean?</p> <p>17 A. Your name, doctor's name, prescriber's DEA 18 number, drug name, drug strength, quantity, directions, 19 any refills, the date the prescription's written. 20 Those are standard elements of a prescription.</p> <p>21 Q. Anything specific to C-II to C-V back then 22 in addition to those basic elements for a prescription?</p> <p>23 A. Difference in refills that are allowed on 24 those types of prescriptions.</p>	<p style="text-align: center;">Page 33</p> <p>1 education.</p> <p>2 A. A Schedule II is a substance of 3 potentially addictive, high addictive potential and/or 4 potential could be misused.</p> <p>5 Q. And C-III, what would the definition be 6 back then?</p> <p>7 A. Lower potential.</p> <p>8 Q. But there was still a potential for 9 addiction?</p> <p>10 A. Correct.</p> <p>11 Q. Would C-IIs include combined -- like 12 compound medications, or would they just be opioids?</p> <p>13 A. Could you please clarify by compound 14 medication?</p> <p>15 Q. Let me just go on. C-III. What was the 16 difference with C-IIs?</p> <p>17 A. Can you please clarify difference in 18 relation to --</p> <p>19 Q. Well, you just told me what C-IIs were and 20 you told me what -- I'm sorry. C-IVs. You already 21 said C-III. I apologize. What would be the difference 22 between C-IV from the C-IIs and C-IIs that you were 23 taught back then?</p> <p>24 A. Just lower addictive potential.</p>

<p style="text-align: right;">Page 34</p> <p>1 Q. Did -- and then the same for C-Vs?</p> <p>2 A. Correct.</p> <p>3 Q. Back when you received your education,</p> <p>4 were any specific brand names identified that would</p> <p>5 fall within the C-II category for opioids?</p> <p>6 A. Can you please clarify identified by --</p> <p>7 Q. In your training. We're still talking</p> <p>8 about your training, just so it's clear. So you had</p> <p>9 your training in school on the differences between C-II</p> <p>10 to C-V. Did part of that training include providing</p> <p>11 you names of drugs that would fall within each</p> <p>12 category?</p> <p>13 A. Yes.</p> <p>14 Q. Talking about the C-IIs in particular.</p> <p>15 What names were you taught back then?</p> <p>16 A. I do not recall every name, but common</p> <p>17 drugs in the C-II or Schedule II class are oxycodone,</p> <p>18 hydromorphone, methadone, amphetamines. Those are all</p> <p>19 common drug types.</p> <p>20 Q. And was OxyContin one of the drugs that</p> <p>21 was mentioned in particular?</p> <p>22 A. Yes.</p> <p>23 Q. Back when you were doing your training in</p> <p>24 2002, 2003 time frame when this course was going on,</p>	<p style="text-align: right;">Page 36</p> <p>1 aware that OxyContin had become associated with abuse</p> <p>2 and diversion?</p> <p>3 MS. DESH: Objection to the form of the</p> <p>4 question.</p> <p>5 A. 2011, 2012.</p> <p>6 Q. (By Mr. Shkolnik) So just so the jury</p> <p>7 understands, you're in working for Walgreens by this</p> <p>8 point in time, 2011 or 2012, in a pharmacy setting here</p> <p>9 in the Chicagoland area, and you have a Pharm D, and</p> <p>10 you've been a manager at stores -- by the various</p> <p>11 stores by then -- and you only became aware that</p> <p>12 OxyContin had become known to be associated with abuse</p> <p>13 and diversion in 2011 or 2012?</p> <p>14 MS. DESH: Objection. Assumes facts not</p> <p>15 in evidence. You can answer.</p> <p>16 A. Can you rephrase your question? Known to</p> <p>17 abuse as, i.e., when this became more aware of a</p> <p>18 national concern? Because that's what I'm referring to</p> <p>19 by the date of 2011, 2012.</p> <p>20 Q. (By Mr. Shkolnik) Just so I'm clear, sir,</p> <p>21 you have a Pharm D, you worked for Walgreens for in</p> <p>22 excess of nine years, or eight years, by 2011, 2012,</p> <p>23 you had been a pharmacy manager at various stores. Is</p> <p>24 it your testimony that you only became aware of</p>
<p style="text-align: right;">Page 35</p> <p>1 had there been any publicity surrounding increasing use</p> <p>2 of OxyContin inappropriately?</p> <p>3 MS. DESH: Objection to the form of the</p> <p>4 question. You can answer.</p> <p>5 A. Not that I can recall.</p> <p>6 Q. (By Mr. Shkolnik) So it would -- so when</p> <p>7 you were in your training in 2002 to 2003, you were not</p> <p>8 aware of any problems being reported associated with</p> <p>9 excessive use of OxyContin out in the community?</p> <p>10 MS. DESH: Same objection.</p> <p>11 A. No.</p> <p>12 Q. (By Mr. Shkolnik) Was that anything that</p> <p>13 was taught in your school at that time?</p> <p>14 A. Not that I can recall.</p> <p>15 Q. Did you ever become aware that OxyContin</p> <p>16 was associated with abuse and diversion?</p> <p>17 MS. DESH: Objection to the form of the</p> <p>18 question.</p> <p>19 A. Can you please clarify in regards to what</p> <p>20 time frame?</p> <p>21 Q. (By Mr. Shkolnik) I'm asking you -- I</p> <p>22 said ever. Did you ever become aware?</p> <p>23 A. Yes.</p> <p>24 Q. When did you, Mr. Dymon, first become</p>	<p style="text-align: right;">Page 37</p> <p>1 problems associated with OxyContin and abuse and</p> <p>2 diversion in 2011?</p> <p>3 MS. DESH: Objection. Vague.</p> <p>4 Q. (By Mr. Shkolnik) Or 2012?</p> <p>5 A. Based on my personal experience and</p> <p>6 knowledge, yes.</p> <p>7 Q. So the stores that you had worked in up</p> <p>8 through 2011 and 2012, no one ever discussed the fact</p> <p>9 that Purdue and its drug OxyContin were being abused</p> <p>10 and related to diversion across the United States up</p> <p>11 until then?</p> <p>12 MS. DESH: Objection. Assumes facts not</p> <p>13 in evidence.</p> <p>14 A. Not that I can recall.</p> <p>15 Q. (By Mr. Shkolnik) Did you have any</p> <p>16 understanding that there was a opioid epidemic prior to</p> <p>17 2011?</p> <p>18 MS. DESH: Same objection.</p> <p>19 A. No.</p> <p>20 Q. (By Mr. Shkolnik) Were you aware that</p> <p>21 there was -- withdraw that. How did you become aware</p> <p>22 that there had become an opioid epidemic, sir?</p> <p>23 MS. DESH: Objection to the form.</p> <p>24 A. Media.</p>

<p style="text-align: right;">Page 38</p> <p>1 Q. (By Mr. Shkolnik) So you worked in the      2 pharmacy for upwards of eight or nine years as a      3 manager here in the Chicagoland area, you have a Pharm      4 D, and you did not hear a single word through your      5 company up through -- up until 2011 or 2012 that there      6 was an epidemic related to the abuse of OxyContin and      7 similar medications? Is that a fair statement?</p> <p>8 MS. DESH: Objection. Assumes facts not      9 in evidence.</p> <p>10 A. Not that I can recall.</p> <p>11 Q. (By Mr. Shkolnik) Did anyone ever tell      12 you in 2010 that there was -- withdraw that. I'm going      13 to take OxyContin out of it. Did anyone at your      14 company, Walgreens, issue any notification to you or      15 any of the other pharmacy managers that you're aware of      16 prior to 2011 or 2012, where the company said we're      17 seeing trends of abuse associated with C-II controlled      18 substance opioids; watch out for it?</p> <p>19 MS. DESH: Objection. Vague. Calls for      20 speculation.</p> <p>21 A. Not that I can recall.</p> <p>22 Q. (By Mr. Shkolnik) Did you, Mr. Dymon,      23 have any personal knowledge while you were working at      24 Walgreens pharmacies as a manager up through 2011 or</p>	<p style="text-align: right;">Page 40</p> <p>1 and promised that they would take action so it didn't      2 happen again? Did you know that?</p> <p>3 MS. DESH: Objection. Misrepresents the      4 record. Assumes facts not in evidence.</p> <p>5 MR. SHKOLNIK: This is becoming a speech      6 in every one. Is there some type of -- is there a code      7 that you make that same objection so that the witness      8 knows not to answer something? I really don't      9 appreciate it. Every question is not objection, vague,      10 assumes facts not in evidence. Please, stop it.</p> <p>11 Could you read my question back?</p> <p>12 [The pending question was read by the      13 reporter.]</p> <p>14 MS. DESH: Same objection.</p> <p>15 A. Not during the time I was a pharmacy      16 manager, no.</p> <p>17 Q. (By Mr. Shkolnik) So no one in the      18 company -- no notice went out to all the pharmacy      19 managers in the country, saying we just signed an      20 agreement with the DEA that we violated the Controlled      21 Substances Act in the way we distribute pills at the      22 store level? You as a pharmacy manager did not get      23 notification from your company about that?</p> <p>24 MS. DESH: Objection. Compound.</p>
<p style="text-align: right;">Page 39</p> <p>1 2012, that contro -- C-II controlled substance opioids      2 were becoming a national crisis, the abuse of them?</p> <p>3 MS. DESH: Objection. Assumes facts not      4 in evidence.</p> <p>5 A. Not that I was aware of, no.</p> <p>6 Q. (By Mr. Shkolnik) Did you notice that a      7 lot of pills were being distributed at your stores, a      8 lot of these opioids were being distributed at your      9 stores?</p> <p>10 MS. DESH: Objection. Vague.</p> <p>11 A. I managed a single store, so I can't speak      12 to stores.</p> <p>13 Q. (By Mr. Shkolnik) Did you know that there      14 was increasing numbers of investigations by the DEA      15 into pharmacies related to the distribution of C-II to      16 C-V controlled substances, specifically opioids, in the      17 time frame from 2008 to 2011? Did you know that?</p> <p>18 MS. DESH: Objection. Assumes facts not      19 in evidence.</p> <p>20 A. Not that I was aware of.</p> <p>21 Q. (By Mr. Shkolnik) Did you know that your      22 company signed an agreement with the DEA in 2011 for      23 violating the Controlled Substances Act in its      24 distribution at the store level of C-II to C-V opioids,</p>	<p style="text-align: right;">Page 41</p> <p>1 A. Not that I can recall.</p> <p>2 Q. (By Mr. Shkolnik) Would you have liked to      3 have known about that when you were working as a      4 pharmacy manager, that your company had engaged in      5 actions that required them to enter into an agreement      6 with the DEA related to their violations of the      7 Controlled Substances Act as it related to the      8 distribution, sales of opioids at the store level?</p> <p>9 MS. DESH: Objection to the form.</p> <p>10 A. Again, I can't speak to it because I      11 didn't know of it at the time, so I don't know if that      12 would change my practice or doing anything different as      13 a pharmacist at that time.</p> <p>14 Q. (By Mr. Shkolnik) That's a very good      15 point. There's probably an assumption that the stores      16 that got in trouble thought they were doing everything      17 right as well, wouldn't you think?</p> <p>18 MS. DESH: Objection. Calls for      19 speculation.</p> <p>20 A. I can't assume what stores or what was      21 involved at that time.</p> <p>22 Q. (By Mr. Shkolnik) Were you working at      23 Walgreens here -- were you working -- in 2006 were you      24 working for Walgreens?</p>

<p style="text-align: right;">Page 42</p> <p>1 A. Yes, sir.</p> <p>2 Q. Did you know that the DEA came into the      3 Walgreens Perrysburg distribution facility and issued      4 an order to show cause letter related to the      5 distribution of the C-II to C-V medications?</p> <p>6 MS. DESH: Objection, vague.</p> <p>7 A. You mean at that time of 2006, sir?</p> <p>8 Q. (By Mr. Shkolnik) Yes.</p> <p>9 A. No.</p> <p>10 Q. Did any notification get issued by the      11 company to all of the managers that were having a      12 problem at one of our facilities the DEA has issued      13 warning letters to us -- no warning -- none of that      14 information was imparted to you as a manager of a      15 Walgreens store?</p> <p>16 MS. DESH: Objection to the form.</p> <p>17 A. Not that I can recall.</p> <p>18 Q. (By Mr. Shkolnik) Did anyone in the      19 company back then say we are being investigated by the      20 DEA and we've got to be careful on how we fill      21 prescriptions and how we order the medications, the      22 C-IIs, C-Vs, from distribution centers because we're      23 under investigation by the DEA?</p> <p>24 MS. DESH: Objection. Calls for</p>	<p style="text-align: right;">Page 44</p> <p>1 Q. If you found out the ordering practices      2 were in violation of the Controlled Substances Act, is      3 it your testimony, sir, that you would not have changed      4 your practices?</p> <p>5 MS. DESH: Objection to the form.</p> <p>6 A. I can't speculate as to what that      7 violation was.</p> <p>8 Q. (By Mr. Shkolnik) Do you know what      9 diversion is, sir?</p> <p>10 A. Yes.</p> <p>11 Q. What is diversion?</p> <p>12 A. Diversion, theft of a controlled      13 substance -- i.e., typically a robbery is a very common      14 form of diversion. Internal pilferage by a team      15 member. That's diversion.</p> <p>16 Q. How about filling prescriptions that were      17 not appropriate? Is that also within the definition of      18 diversion?</p> <p>19 A. Not my view of diversion, no.</p> <p>20 Q. Is that something that Walgreens -- is      21 that your personal view or from your understanding from      22 the training of Walgreens?</p> <p>23 A. Personal opinion.</p> <p>24 Q. Has Walgreens ever given any education</p>
<p style="text-align: right;">Page 43</p> <p>1 speculation.</p> <p>2 A. Again, not that I can recall.</p> <p>3 Q. (By Mr. Shkolnik) Would you as a      4 manager -- withdraw that. Did your stores in 2006      5 receive your distribution from the Perrysburg, Ohio,      6 facility as it relates to C-II to C-V medications,      7 opioids?</p> <p>8 A. Yes.</p> <p>9 Q. Would you have liked to have known that      10 the distribution center that was servicing your stores,      11 not only was under investigation, but was found to be      12 in violation of the Controlled Substances Act while      13 they were distributing to your stores?</p> <p>14 MS. DESH: Objection.</p> <p>15 Q. (By Mr. Shkolnik) Would you like to know      16 that?</p> <p>17 MS. DESH: Assumes facts not in evidence.</p> <p>18 You can answer.</p> <p>19 A. Wouldn't have changed how I was practicing      20 pharmacy at my store.</p> <p>21 Q. (By Mr. Shkolnik) Is it possible it would      22 have changed how you were ordering from the      23 distribution center to fill your store?</p> <p>24 A. No.</p>	<p style="text-align: right;">Page 45</p> <p>1 surrounding whether or not inappropriate filling of      2 prescriptions is defined as diversion under the      3 Controlled Substances Act?</p> <p>4 MS. DESH: Objection. Calls for      5 speculation.</p> <p>6 A. In what time frame physical, sir?</p> <p>7 Q. (By Mr. Shkolnik) At any time frame, sir.</p> <p>8 A. I can speak to -- from 2013 and on, yes.</p> <p>9 Q. But before 2013, you have no recollection      10 as you're sitting here that that was part of the      11 training from Walgreens; correct?</p> <p>12 A. We had a good faith dispensing policy      13 training, so yes.</p> <p>14 Q. What was the difference between good faith      15 dispensing policy before 2013 and after 2013 that      16 somehow makes after 2013 education related to improper      17 filling of prescriptions is consistent with diversion?</p> <p>18 A. Policies evolved over time, so I mean,      19 that's the only real change to it.</p> <p>20 Q. When you say policies have evolved over      21 time, what is right and wrong for filling of a C-II to      22 C-V prescription has not changed, according to the      23 Controlled Substances Act, for 20 years, sir? Isn't      24 that a statement?</p>

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<p>1 MS. DESH: Objection. Calls for a legal 2 opinion. You can answer.</p> <p>3 A. I'm not an attorney. I can't speak to the 4 letter of the law to that degree.</p> <p>5 Q. (By Mr. Shkolnik) How about in Walgreens 6 in the years you worked, is it your testimony that 7 the -- what is right and wrong for filling of a C-II to 8 C-V prescription has not changed?</p> <p>9 A. Can you please clarify your question?</p> <p>10 Q. No. What's wrong with it? Tell me --</p> <p>11 A. Can you kindly repeat your question, sir?</p> <p>12 MR. SHKOLNIK: Okay. We'll repeat it, 13 please.</p> <p>14 [The pending question was read by the 15 reporter.]</p> <p>16 MS. DESH: Objection to the form.</p> <p>17 A. No, because that's the pharmacist's 18 professional discretion of how to fill a prescription.</p> <p>19 Q. (By Mr. Shkolnik) So it's still stayed 20 the same? Am I correct?</p> <p>21 A. Yes. The pharmacist has always had 22 professional discretion.</p> <p>23 Q. In terms of the training from Walgreens, 24 how has that education changed before 2013 compared to</p>	<p>1 beginning of RX Integrity; correct, sir?</p> <p>2 A. To my understanding, it started in 2013.</p> <p>3 Q. You were one of the first employees in it?</p> <p>4 A. Yes.</p> <p>5 Q. And you worked under Tasha Polster?</p> <p>6 A. Correct.</p> <p>7 Q. How many of you were in that initial 8 group?</p> <p>9 A. When I joined the team, there were three 10 individuals.</p> <p>11 Q. So it was you, Tasha, it was the other 12 person, Mr. Mills?</p> <p>13 A. Yes, sir.</p> <p>14 Q. And when the three of you got into the -- 15 became part of this new team, what were you told was 16 different about 2013 that made you adopt a plan for 17 greater vigilance to be taught to the pharmacists at 18 Walgreens?</p> <p>19 MS. DESH: Objection to the form.</p> <p>20 A. Again, we wanted to raise education and 21 awareness of our pharmacists surrounding the dispensing 22 of controlled substances.</p> <p>23 Q. (By Mr. Shkolnik) Did anyone tell you 24 that by that point in time the DEA had shut down the</p>
<p style="text-align: center;">Page 47</p> <p>1 after 2013, as you told us just about five minutes ago?</p> <p>2 A. Increased awareness, post-2013.</p> <p>3 Q. What happened in 2013 that all of a sudden 4 Walgreens decides, you know, pharmacists, we should 5 have some increased awareness before we fill a C-II or 6 C-V controlled substance prescription for opioids?</p> <p>7 Tell us that, please.</p> <p>8 MS. DESH: Objection to the form.</p> <p>9 A. Creation of the RX Integrity team.</p> <p>10 Q. (By Mr. Shkolnik) Did it have anything to 11 do with the fact that your company signed a second 12 agreement with the DEA, paid an \$80 million fine --</p> <p>13 MS. DESH: Objection --</p> <p>14 Q. (By Mr. Shkolnik) -- and got in a lot of 15 trouble with respect to the way in which they 16 distributed and sold C-II to C-V medications?</p> <p>17 MS. DESH: Objection to the form.</p> <p>18 A. I can't speak to that. I was not the one 19 who created the team.</p> <p>20 Q. (By Mr. Shkolnik) You joined this team at 21 the ground level, did you not, sir?</p> <p>22 A. Correct.</p> <p>23 Q. 2013 was the beginning -- withdraw that.</p> <p>24 The end of 2012 into the beginning of 2013 was the</p>	<p style="text-align: center;">Page 49</p> <p>1 Jupiter facility as it relates to controlled substances 2 distribution?</p> <p>3 MS. DESH: Objection to the form.</p> <p>4 MR. SHKOLNIK: What is wrong -- you know, 5 come on, stop it, Kate. Every single question is not 6 bad form. What is the -- what's wrong with the form?</p> <p>7 Your obligation now is to tell me what's wrong with the 8 form.</p> <p>9 MS. DESH: So first of all, my name is 10 Sharon.</p> <p>11 MR. SHKOLNIK: I'm sorry, Sharon.</p> <p>12 MS. DESH: And if you want me to --</p> <p>13 MR. SHKOLNIK: You seem to act the same 14 way. I'm sorry.</p> <p>15 MS. DESH: If you want me to expand on my 16 objections, I'm happy to.</p> <p>17 MR. SHKOLNIK: What is the basis of the 18 form objection to that question?</p> <p>19 MS. DESH: I'm going to say assumes facts 20 not in evidence.</p> <p>21 MR. SHKOLNIK: That is not a form 22 objection. Try again.</p> <p>23 MS. DESH: Hunter, you can continue with 24 your questioning. My objections are proper.</p>

<p style="text-align: right;">Page 50</p> <p>1        MR. SHKOLNIK: Your objections are wrong.    2    Assuming facts not in evidence is not a form objection.    3    Can you tell me what is wrong with the form so me as    4    the lawyer questioning has the ability to rephrase it?    5    And you have not done that yet. If you're going to use    6    this at trial, tell me the basis.    7        MS. DESH: Okay. Can we read the question    8    back, please?    9        [The pending question was read by the    10    reporter.]    11      MS. DESH: I'm going to object, vague.    12      MR. SHKOLNIK: That's a form?    13      MS. DESH: Hunter, you can continue with    14    your questioning. If you'd like me to expand on my    15    objections, I'm happy to. You're saying --    16      MR. SHKOLNIK: No, I want to know the    17    basis of your form objection so I as a lawyer can    18    adhere to the federal rules and rephrase it, and you've    19    yet to do it.    20      MS. DESH: Hunter, if you're saying that    21    objection, vague, and objection, assumes facts not in    22    evidence are not covered by form, then I will make sure    23    to state them explicitly every time. Those are proper    24    objections.</p>	<p style="text-align: right;">Page 52</p> <p>1    object for once.    2        Q. (By Mr. Shkolnik) Is that an important    3    fact to you?    4        MS. DESH: Hunter, you're -- this is    5    unnecessary.    6        MR. SHKOLNIK: No, it is necessary.    7        A. It was a fact piece of information.    8        Q. (By Mr. Shkolnik) No. No. Is it an    9    important factor to you that the DEA shut down the    10    distribution center as it relates to C-II, C-Vs in    11    Jupiter, Florida, when you joined RX Integrity? Is it    12    an important fact?    13      MS. DESH: Objection. Asked and answered.    14        A. Yes.    15      MR. SHKOLNIK: Is that a form objection,    16    too?    17      MS. DESH: Please proceed.    18        Q. (By Mr. Shkolnik) Why was it important to    19    you, sir?    20        A. As a pharmacist my goal is to always help    21    patients, and by not having a facility active, we    22    cannot help patients who need medications.    23        Q. (By Mr. Shkolnik) So the fact that it was    24    shut down for the manner in which it was improperly</p>
<p style="text-align: right;">Page 51</p> <p>1        MR. SHKOLNIK: No, you're not giving    2    speeches.    3        MS. DESH: Those are proper objections and    4    they're proper as a special master rule during    5    Walgreens 30(b)6 deposition. I'm going to continue to    6    object as I see fit. You can continue to ask the    7    questions that you want to ask. That's the way this    8    works.    9        MR. SHKOLNIK: I know how it works. I    10    know when someone is very unsure of themselves, they    11    interrupt the lawyer at every question, and that's what    12    you're doing.    13        Q. (By Mr. Shkolnik) Can you answer that    14    question, sir, even though she objected?    15        A. Can I ask the question --    16        Q. Yes. Can you read --    17        A. Can I -- repeat it, please? Thank you.    18        [The pending question was read by the    19    reporter.]    20        MS. DESH: Same objection.    21        A. Yes, I was made aware.    22        Q. (By Mr. Shkolnik) Was that an important    23    fact to you, sir?    24        MR. SHKOLNIK: Oh, you're not going to</p>	<p style="text-align: right;">Page 53</p> <p>1    filling orders to the pharmacies in Florida was not the    2    important factor to you?    3        MS. DESH: Objection. Vague. Assumes    4    facts not in evidence.    5        A. As a pharmacist, I'm focused on patient,    6    care and treatment of the patient, and that    7    unfortunately hurts patients.    8        Q. (By Mr. Shkolnik) It hurt your company,    9    too, did it not, sir?    10        MS. DESH: Same objection.    11        A. I don't know exactly how it would hurt the    12    company. It hurts the patient.    13        Q. (By Mr. Shkolnik) Why did they shut down    14    the C-II to C-V distribution in Jupiter?    15        A. I do not know the details of the why    16    behind the shutdown, outside of general DEA statements.    17        Q. What were the general DEA statements that    18    you heard?    19        A. DEA had some thought that they felt we    20    were not meeting whatever the requirements set forth,    21    so that's why they shut it down -- the facility.    22        Q. Did you also hear that you had pharmacies    23    that were inappropriately filling prescriptions in    24    Florida?</p>

<p style="text-align: right;">Page 54</p> <p>1 MS. DESH: Objection.</p> <p>2 A. Just per DEA statements. That's the DEA 3 statement.</p> <p>4 Q. (By Mr. Shkolnik) So it wasn't just the 5 way you distributed; it was also the manner in which 6 your pharmacists filled prescriptions; correct?</p> <p>7 MS. DESH: Same objection.</p> <p>8 A. Per the DEA as the DEA addressed it.</p> <p>9 Q. (By Mr. Shkolnik) Did your new team at RX 10 Integrity -- did you all sit down and say what did we 11 do wrong in Florida in Jupiter, and how could we take 12 steps to avoid that from happening?</p> <p>13 A. Not specific to Jupiter, just globally as 14 a whole, what can we do to help educate our pharmacy 15 team members on controlled substances and ensure we can 16 take care of patients?</p> <p>17 Q. Did you become aware that the DEA was also 18 taking action against Perrysburg around that time?</p> <p>19 A. Not that I can recall.</p> <p>20 Q. Did you ever become aware that the DEA was 21 taking action against Perrysburg as well?</p> <p>22 A. Not that I can recall at that time.</p> <p>23 Q. I didn't say at that time. You said that.</p> <p>24 A. I just can't recall. I don't remember.</p>	<p style="text-align: right;">Page 56</p> <p>1 distribution center, please?</p> <p>2 Q. Well, do you -- sir, do you, Mr. Dymon, 3 believe there were any problems at the distribution 4 centers for C-II pharmaceuticals when you joined the RX 5 Integrity team?</p> <p>6 A. No, not when I joined, no.</p> <p>7 Q. There was no problems in Perrysburg, there 8 was no problems in Jupiter, and there was no problems 9 in Woodland in early 2013? Is that your testimony?</p> <p>10 MS. DESH: Objection. Vague.</p> <p>11 A. No, that is not my testimony.</p> <p>12 Q. (By Mr. Shkolnik) Well, my question to 13 you was, were there any problems at the distribution 14 centers for C-II pharmaceuticals when you joined RX 15 Integrity, and you said, no, not when I joined. Is 16 that your answer?</p> <p>17 A. Because I did not know until I joined the 18 team. That's what I'm referring to.</p> <p>19 Q. You joined the team. Did you think there 20 was problems that needed to be fixed at the 21 distribution centers that Walgreens ran in Perrysburg, 22 Woodland, and Jupiter as it relates to C-II 23 distribution?</p> <p>24 MS. DESH: Objection. Vague.</p>
<p style="text-align: right;">Page 55</p> <p>1 Q. Did you ever find out the DEA was taking 2 action against your Woodland distribution center?</p> <p>3 A. Not that I can recall.</p> <p>4 Q. How many distribution centers did 5 Walgreens have for C-II pharmaceuticals at the time you 6 joined RX Integrity?</p> <p>7 A. I believe it was just three.</p> <p>8 Q. And that would have been Jupiter, which 9 was shut down, Perrysburg, and Woodland; correct?</p> <p>10 A. To my recollection, I remember three, yes.</p> <p>11 Q. Now, when you got into that newly-formed 12 team, did anyone -- the three of you sit down and say 13 the problem we're trying to fix is three of our 14 distribution centers are going to be shut by the DEA, 15 and what steps can we do to prevent that kind of 16 conduct going forward?</p> <p>17 MS. DESH: Objection. Assumes facts not 18 in evidence.</p> <p>19 A. Again, that's a part of trying to figure 20 out how do we train and educate and develop a program.</p> <p>21 Q. (By Mr. Shkolnik) Did you participate in 22 developing the program to fix the problems at the 23 distribution center?</p> <p>24 A. Can you please clarify by fix problems at</p>	<p style="text-align: right;">Page 57</p> <p>1 A. Again, from my personal opinion, it's not 2 a problem. It's a DEA statement, that the DEA said 3 there was a problem or the DEA felt there was a 4 problem.</p> <p>5 Q. (By Mr. Shkolnik) Did you disagree with 6 the DEA statements when they shut down Jupiter, they 7 were shutting down Perrysburg, and they were about to 8 shut down Woodland as well? Did you agree with them or 9 disagree with them, sir?</p> <p>10 MS. DESH: Objection. Assumes facts not 11 in evidence.</p> <p>12 A. Again, as a pharmacist we're harming 13 patients by not providing medications that they need.</p> <p>14 Q. (By Mr. Shkolnik) Sir, you were more than 15 a pharmacist when you joined the Integrity team; you 16 were a member of corporate management responsible for 17 overseeing Pharmaceutical Integrity, were you not?</p> <p>18 A. I had just started, yes.</p> <p>19 Q. When you joined that team in the corporate 20 level, did you, sir, agree or disagree with the DEA 21 when they determined to shut Jupiter C-II, shutting 22 down Perrysburg C-II, and shutting down Woodland Hills?</p> <p>23 Did you, sir, at that time agree with the DEA or not?</p> <p>24 MS. DESH: Same objection.</p>

<p style="text-align: right;">Page 58</p> <p>1 A. No.</p> <p>2 Q. (By Mr. Shkolnik) Is that because</p> <p>3 everything was being done right in Walgreens at that</p> <p>4 time in those distribution centers?</p> <p>5 A. No. Again, it's the basis of patient</p> <p>6 care.</p> <p>7 Q. Was anything being done wrong in Jupiter</p> <p>8 when it led to the shutdown of that distribution of</p> <p>9 C-IIIs? Your opinion, sir, when you joined Integrity.</p> <p>10 A. Not -- personal opinion, no.</p> <p>11 Q. Did they do anything wrong in Perrysburg</p> <p>12 when the DEA was about to shut down its distribution</p> <p>13 center for C-IIIs while you were in Integrity?</p> <p>14 A. Not that I'm aware of, no.</p> <p>15 Q. Did Woodland engage in any inappropriate</p> <p>16 conduct as it relates to the distribution of C-IIIs when</p> <p>17 the DEA was about to shut that one down in 2013, while</p> <p>18 you were in the Pharmaceutical Integrity group?</p> <p>19 MS. DESH: Same objection.</p> <p>20 A. No.</p> <p>21 Q. (By Mr. Shkolnik) So it's your opinion,</p> <p>22 sir, as a member -- the founding member of the RX</p> <p>23 Integrity group in 2013, that the DEA was wrong with</p> <p>24 respect to its actions in Jupiter; correct?</p>	<p style="text-align: right;">Page 60</p> <p>1 Q. (By Mr. Shkolnik) As a member of the</p> <p>2 Walgreens Pharmaceutical Integrity group in 2013, sir,</p> <p>3 was the DEA wrong for shutting down the Perrysburg</p> <p>4 distribution center?</p> <p>5 MS. DESH: Same objection.</p> <p>6 Q. (By Mr. Shkolnik) Yes or no?</p> <p>7 A. Again, harming patient care.</p> <p>8 Q. Couldn't possibly be that they were</p> <p>9 actually saving patients' lives when they stopped</p> <p>10 inappropriate distribution of opioids? Is that your</p> <p>11 opinion, sir?</p> <p>12 MS. DESH: Objection. Assumes facts not</p> <p>13 in evidence.</p> <p>14 A. That's the DEA's take on it. Then as a</p> <p>15 pharmacist, again, that's impeding patient care.</p> <p>16 Q. (By Mr. Shkolnik) So as long as the</p> <p>17 company could pump pills out of a distribution center,</p> <p>18 that's a good thing even if it's in violation of the</p> <p>19 Controlled Substances Act -- your opinion, sir, in</p> <p>20 2013?</p> <p>21 MS. DESH: Objection.</p> <p>22 A. Again, no, that was in direct conflict of</p> <p>23 taking care of patients.</p> <p>24 Q. (By Mr. Shkolnik) So if the DEA</p>
<p style="text-align: right;">Page 59</p> <p>1 A. Can you please rephrase your question? I</p> <p>2 apologize.</p> <p>3 Q. So it's your opinion, sir, as a member</p> <p>4 of -- a founding member, one of the first members of</p> <p>5 the RX Integrity group in 2013, that the DEA was wrong</p> <p>6 with respect to its decision to shut down the Jupiter</p> <p>7 distribution center? That's your opinion, sir?</p> <p>8 A. Yes, personal opinion because it harmed</p> <p>9 patient care, and that's the DEA's prerogative or</p> <p>10 perspective on what they chose to do.</p> <p>11 Q. Is it possible it actually saved people's</p> <p>12 lives, sir, because your pharmacies were dumping</p> <p>13 opioids in Florida more than any other company in the</p> <p>14 United States? Is that a possibility?</p> <p>15 MS. DESH: Objection. Assumes facts not</p> <p>16 in evidence.</p> <p>17 A. Again, I can't speak for the DEA and the</p> <p>18 why to what the DEA chose to do at that time.</p> <p>19 Q. (By Mr. Shkolnik) Was the DEA wrong when</p> <p>20 it was shutting down the C-II distribution at the</p> <p>21 Perrysburg facility in 2013? Were they wrong?</p> <p>22 MS. DESH: Same objection.</p> <p>23 A. I don't work for the DEA. I can't speak</p> <p>24 to the DEA.</p>	<p style="text-align: right;">Page 61</p> <p>1 determined that your distribution center in Perrysburg,</p> <p>2 Ohio, was in violation of the Controlled Substances Act</p> <p>3 in the manner in which it distributed the opioids, the</p> <p>4 C-II opioids to pharmacies, do you believe they were</p> <p>5 wrong in 2013, as it relates to Perrysburg?</p> <p>6 MS. DESH: Objection. Vague.</p> <p>7 A. Again, DEA chose to do what they chose to</p> <p>8 do, and again, that's impacting patient care.</p> <p>9 Q. (By Mr. Shkolnik) It's possibly saving</p> <p>10 patients' lives, is it, sir?</p> <p>11 A. I can't speculate as whether it saved or</p> <p>12 harmed, but by not having medications we can't even</p> <p>13 help patients at all.</p> <p>14 Q. So just so I understand your analysis</p> <p>15 here, as long as some patients get the pills that they</p> <p>16 need, the inappropriate distribution is allowable? Is</p> <p>17 that your opinion here, sir, today?</p> <p>18 MS. DESH: Objection. Vague.</p> <p>19 A. Again, I'm not -- there's no inappropriate</p> <p>20 distribution. That's the DEA's opinion of what</p> <p>21 occurred.</p> <p>22 Q. (By Mr. Shkolnik) Did Walgreens violate</p> <p>23 the Controlled Substances Act in 2000 -- in the 2000</p> <p>24 time frame when the DEA shut down the Jupiter facility?</p>

<p style="text-align: right;">Page 62</p> <p>1 Yes or no?</p> <p>2 MS. DESH: Objection. Calls for a legal</p> <p>3 conclusion.</p> <p>4 A. Again, I'm not an attorney. I can't speak</p> <p>5 to the DEA regulations and -- with Walgreens and where</p> <p>6 that ended.</p> <p>7 Q. (By Mr. Shkolnik) You were in the RX</p> <p>8 Integrity group with the job charged with coming up</p> <p>9 with a system that would prevent diversion? Fair</p> <p>10 statement?</p> <p>11 A. No.</p> <p>12 Q. You didn't have that responsibility at</p> <p>13 all?</p> <p>14 A. Not to come up with a system. Systems</p> <p>15 were already in place.</p> <p>16 Q. To ensure that someone actually followed</p> <p>17 them -- was that part of your job?</p> <p>18 A. To train and educate team members is part</p> <p>19 of my job, yes.</p> <p>20 Q. Is it possible that people in the team</p> <p>21 were not following the systems that were in place and</p> <p>22 were allowing pills to be distributed inappropriately</p> <p>23 in violation of the Controlled Substances Act?</p> <p>24 MS. DESH: Objection. Calls for</p>	<p style="text-align: right;">Page 64</p> <p>1 those pills were actually going to people that</p> <p>2 shouldn't have gotten them? Did you know that?</p> <p>3 MS. DESH: Objection. Assumes facts not</p> <p>4 in evidence.</p> <p>5 A. Only per what the DEA has written in their</p> <p>6 statements.</p> <p>7 Q. (By Mr. Shkolnik) Do you disagree with</p> <p>8 what the DEA has written in their statements, sir, when</p> <p>9 they say that the distribution from those facilities</p> <p>10 led to pills being diverted to places other than</p> <p>11 patients who needed them?</p> <p>12 MS. DESH: Same objection.</p> <p>13 A. Again, that's a statement of DEA. I was</p> <p>14 not there to witness any of the proposed activity the</p> <p>15 DEA was citing. I can't speak to it, honestly.</p> <p>16 Q. (By Mr. Shkolnik) So unless you, sir, as</p> <p>17 a member of the Pharmaceutical Integrity group of</p> <p>18 Walgreens doesn't see the conduct that results in</p> <p>19 diversion of the pills in violation of the Controlled</p> <p>20 Substances Act, you would not support the action of DEA</p> <p>21 shutting down a distribution center? Fair statement?</p> <p>22 MS. DESH: Objection. Vague.</p> <p>23 A. Again, I would need to understand all the</p> <p>24 facts to understand what occurred and to actually see</p>
<p style="text-align: right;">Page 63</p> <p>1 speculation.</p> <p>2 A. Not that I'm aware of.</p> <p>3 Q. (By Mr. Shkolnik) Let's talk about the</p> <p>4 Woodland Hills facility in 2013, sir. Was the DEA</p> <p>5 wrong when they were shutting it down as it relates to</p> <p>6 the distribution of C-II opioids, sir? Yes or no?</p> <p>7 MS. DESH: Objection. Calls for facts not</p> <p>8 in evidence.</p> <p>9 A. Again, that's the DEA's approach, and</p> <p>10 again, I'm coming from a pharmacist's perspective of</p> <p>11 patient care, and that's, again, impeding patient care.</p> <p>12 Q. (By Mr. Shkolnik) So any time the DEA</p> <p>13 takes action to stop a company for improperly</p> <p>14 distributing opioids, you as a pharmacist, sir, take</p> <p>15 the position that that is wrong?</p> <p>16 MS. DESH: Objection. Vague.</p> <p>17 A. Again, as a pharmacist, my job is to take</p> <p>18 care of patients and help patients with their health</p> <p>19 conditions and to help make sure they get the</p> <p>20 medications they need that are for legitimate purpose</p> <p>21 and for legitimate need.</p> <p>22 Q. (By Mr. Shkolnik) Did you know that one</p> <p>23 of the problems associated with the Perrysburg, the</p> <p>24 Jupiter, and the Woodland facilities is that some of</p>	<p style="text-align: right;">Page 65</p> <p>1 or experience that, sir.</p> <p>2 Q. (By Mr. Shkolnik) As a member of the RX</p> <p>3 Integrity group in 2013, you were provided a lot of</p> <p>4 facts about what was going on at Walgreens before you</p> <p>5 came into the team; correct?</p> <p>6 A. Can you please clarify by a lot of facts?</p> <p>7 Q. Were you given any of the facts of the bad</p> <p>8 conduct exhibited by Walgreens that led to the</p> <p>9 development of the RX Integrity team?</p> <p>10 MS. DESH: Objection. Assumes facts not</p> <p>11 in evidence.</p> <p>12 A. Again, not bad facts. Just, again,</p> <p>13 history of what led to the creation of the team.</p> <p>14 Q. (By Mr. Shkolnik) What was the history</p> <p>15 that led to the creation of the team, sir? Let's hear</p> <p>16 them one-by-one.</p> <p>17 A. Again, DEA activities at our facilities.</p> <p>18 Q. Let me break them down.</p> <p>19 A. Uh-huh.</p> <p>20 Q. So that would be Jupiter shutdown, stores</p> <p>21 being shut down, and a prior settlement with the DEA --</p> <p>22 three things; correct?</p> <p>23 A. I cannot recall if that's exactly all</p> <p>24 three or there was less, but again, I can't recall</p>

<p style="text-align: right;">Page 66</p> <p>1 exactly every event.</p> <p>2 Q. Well, let me start with one. We can agree</p> <p>3 Jupiter being shut down was one of those things that</p> <p>4 you were -- let me use your words -- activities at your</p> <p>5 facilities -- one of the activities were shutting down</p> <p>6 Jupiter stores -- I'm sorry -- the Jupiter distribution</p> <p>7 center as it relates to controlled substances? That's</p> <p>8 one we can agree on?</p> <p>9 A. I was made aware of that, yes.</p> <p>10 Q. Number 2. Were you made aware of the fact</p> <p>11 that multiple stores in Florida were shut down because</p> <p>12 of the manner in which they were selling those pills</p> <p>13 and requesting the pills through the distribution</p> <p>14 facility?</p> <p>15 A. I was aware stores were being investigated</p> <p>16 and had to surrender their licenses. Stores were not</p> <p>17 shut down.</p> <p>18 Q. They -- thank you for clarifying that.</p> <p>19 They surrendered their licenses so they couldn't sell</p> <p>20 controlled substances; correct?</p> <p>21 A. Correct.</p> <p>22 Q. And you knew that some of those stores</p> <p>23 were in communities as small as 3,000 residents and</p> <p>24 your stores were selling 1.2 million pills, mostly to</p>	<p style="text-align: right;">Page 68</p> <p>1 Q. Why don't you define what you mean by a</p> <p>2 flag under good faith dispensing, sir?</p> <p>3 A. Under good faith dispensing, that's a</p> <p>4 factor or point we call to make pharmacists aware -- is</p> <p>5 the patient traveling long distances to your pharmacy?</p> <p>6 Q. Paying cash? Is that another one?</p> <p>7 A. Cash, yes, sir.</p> <p>8 MR. SHKOLNIK: Let's take a break, please.</p> <p>9 THE VIDEOGRAPHER: We are off the record</p> <p>10 at 10:16 AM.</p> <p>11 [A brief recess was taken.]</p> <p>12 THE VIDEOGRAPHER: We are back on the</p> <p>13 record at 10:29 AM.</p> <p>14 Q. (By Mr. Shkolnik) Mr. Dymon, what's</p> <p>15 third-party operations of finance?</p> <p>16 A. That is my role after RX Integrity. I was</p> <p>17 the manager of third-party operations and finance.</p> <p>18 Q. What is that?</p> <p>19 A. Overlooks how we bill prescription claims,</p> <p>20 how we provide support to our stores around the billing</p> <p>21 of prescription claims.</p> <p>22 Q. Would this be working with PBMs?</p> <p>23 A. No.</p> <p>24 Q. Could you explain in greater detail what</p>
<p style="text-align: right;">Page 67</p> <p>1 people from outside of the State of Florida? Did you</p> <p>2 know that?</p> <p>3 A. Again, only from what the DEA put in their</p> <p>4 statements.</p> <p>5 Q. But that's what they said; correct?</p> <p>6 A. That's the DEA's statement. That's their</p> <p>7 words, yes.</p> <p>8 Q. That's not good faith dispensing, is it,</p> <p>9 sir?</p> <p>10 A. I can't speak to that. I was not in those</p> <p>11 stores or in that area at that time.</p> <p>12 Q. Do you think from a good faith dispensing</p> <p>13 practicing a community that serves 3,000 people,</p> <p>14 dispenses 1.2 million pills a year, mostly to people</p> <p>15 from out of state -- would that ring any bells to you</p> <p>16 from good faith dispensing practices, sir?</p> <p>17 A. Yes.</p> <p>18 Q. That's bad conduct under GFD, is it not?</p> <p>19 A. No.</p> <p>20 MS. DESH: Objection.</p> <p>21 Q. (By Mr. Shkolnik) It's good conduct?</p> <p>22 A. It's not good nor bad.</p> <p>23 Q. It's a flag; correct?</p> <p>24 A. Can you define what you mean by a flag?</p>	<p style="text-align: right;">Page 69</p> <p>1 it means by how -- withdraw that. Can you explain in</p> <p>2 greater detail what you mean by overseeing how your</p> <p>3 pharmacies handle prescription claims?</p> <p>4 A. How we enter a plan into our system, how a</p> <p>5 user can find the plan, ensuring the plan is set up</p> <p>6 appropriately based on the payor.</p> <p>7 Q. Would this include any type of rebate</p> <p>8 programs?</p> <p>9 A. No.</p> <p>10 Q. When you are referring to plans, what type</p> <p>11 of plan are you talking about?</p> <p>12 A. Insurance plans.</p> <p>13 Q. So it could be like an Express Scripts or</p> <p>14 something of that nature?</p> <p>15 A. Correct.</p> <p>16 Q. Are you responsible for negotiating of</p> <p>17 contracts between plans and Walgreens?</p> <p>18 A. No.</p> <p>19 Q. Is your position related to more of the</p> <p>20 operational aspect of integrating third-party plans</p> <p>21 into the Walgreens system?</p> <p>22 A. Yes.</p> <p>23 Q. Does your position as manager in the</p> <p>24 third-party operations in finance in any way deal with</p>

<p>1 contracts with individual manufacturers of</p> <p>2 pharmaceuticals?</p> <p>3 A. No.</p> <p>4 Q. Would it include any aspect of preferred</p> <p>5 pricing plans with manufacturers of pharmaceuticals?</p> <p>6 A. No.</p> <p>7 Q. Would that be a separate department?</p> <p>8 Separate individuals would be doing that for Walgreens?</p> <p>9 A. Yes, separate department.</p> <p>10 Q. What department would handle that?</p> <p>11 A. Managed care contracting and sales.</p> <p>12 Q. How about 340B programs? Is that in any</p> <p>13 way related to the third-party operations aspect of</p> <p>14 your job?</p> <p>15 A. No.</p> <p>16 Q. Do you know what a 340B is?</p> <p>17 A. Yes.</p> <p>18 Q. What is a 340B?</p> <p>19 A. A federal program around drug purchasing</p> <p>20 between an entity such as a hospital and a pharmacy.</p> <p>21 Q. It also would include any type of -- it</p> <p>22 doesn't have to be a hospital to be a 340B; correct?</p> <p>23 A. It can be any clinic setting. It can be</p> <p>24 various different settings.</p>	<p>Page 70</p> <p>1 A. No.</p> <p>2 Q. Were you aware of any of the procedures in</p> <p>3 place regarding suspicious order monitoring for the</p> <p>4 replacement C-II to C-V prescriptions that were filled</p> <p>5 through the 340B program?</p> <p>6 A. Not that I can recall.</p> <p>7 Q. While you were in RX Integrity, were you</p> <p>8 overseeing any aspect of capturing 340B replacement</p> <p>9 distributions so that they would run through the SOM</p> <p>10 process? I'll rephrase it.</p> <p>11 A. Thank you.</p> <p>12 Q. While you were at RX Integrity, did you</p> <p>13 have any involvement with the capturing of 340B</p> <p>14 distributions for the purposes of suspicious order</p> <p>15 monitoring?</p> <p>16 A. The team was looking into that for 340B</p> <p>17 distribution.</p> <p>18 Q. There was a period of time where the 340B</p> <p>19 distributions fell outside of the system that was in</p> <p>20 place; correct?</p> <p>21 A. I believe so.</p> <p>22 Q. Do you know if 340B represents large</p> <p>23 distributions of controlled substances?</p> <p>24 A. I do not know.</p>
<p>1 Q. Black lung clinics in rural communities?</p> <p>2 A. I am not an expert on 340B. I can't speak</p> <p>3 to that.</p> <p>4 Q. They're basically facilities that provide</p> <p>5 medical care to an indigent population? Is that a fair</p> <p>6 statement?</p> <p>7 A. That is fair, sir.</p> <p>8 Q. And there are contracts that are entered</p> <p>9 into -- between the 340B entity and distribution</p> <p>10 facilities for pharmaceuticals, are there not?</p> <p>11 A. Correct.</p> <p>12 Q. And Walgreens for stores -- Walgreens</p> <p>13 stores could fill a prescription for a 340B recipient</p> <p>14 patient and your replacement product would come through</p> <p>15 the 340B distributor even if it's not your own</p> <p>16 distributor; correct?</p> <p>17 A. Correct.</p> <p>18 Q. And there is such a thing -- withdraw</p> <p>19 that. There used to be stores that were designated as</p> <p>20 depots in various regions to be the 340B depots for the</p> <p>21 return of product?</p> <p>22 A. Yes.</p> <p>23 Q. Did you ever work in a pharmacy that was a</p> <p>24 340B depot?</p>	<p>Page 71</p> <p>1 Q. From your experience as a pharmacy</p> <p>2 manager, did you -- were you able to determine whether</p> <p>3 or not the number of 340B customers for controlled</p> <p>4 substances represented a large quantity of purchasers?</p> <p>5 A. I wouldn't know that. I never worked at a</p> <p>6 340B location.</p> <p>7 Q. But couldn't a pharmacy -- did a pharmacy</p> <p>8 have to be a 340B location in order to fill a script</p> <p>9 for a 340B patient?</p> <p>10 A. Yes.</p> <p>11 Q. So all -- a patient couldn't just go to</p> <p>12 any Walgreens and show their 340B card to fill a</p> <p>13 prescription?</p> <p>14 A. Correct.</p> <p>15 Q. They would have to go to a specific</p> <p>16 Walgreens pharmacy that was designated?</p> <p>17 A. Correct.</p> <p>18 Q. Was that always the case while you were a</p> <p>19 pharmacy manager?</p> <p>20 A. To the best of my recollection, yes.</p> <p>21 Q. Did you participate with the group in RX</p> <p>22 Integrity that was working on capturing the 340B</p> <p>23 distribution of controlled substances?</p> <p>24 A. Not that I can recall. No.</p>

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<p>1       Q. Do you know when it was for the first time 2 the RX Integrity group implemented changes that would 3 capture 340B distributions for the purposes of 4 controlled substances?</p> <p>5       A. I do not know.</p> <p>6       Q. Would it be fair to say in earl -- 7 withdraw that. Earlier you mentioned there were 8 programs in place regarding suspicious order 9 monitoring. Do you know how long after RX Integrity 10 came into play that steps were taken to alter the 11 program that would capture 340B distributions?</p> <p>12       A. I do not know.</p> <p>13       Q. But you can confirm, can you not, sir, 14 that when you joined RX Integrity in the early part of 15 2013 as one of the original team members, 340B 16 distributions were not being captured by the SOM 17 program that was in place; correct?</p> <p>18       A. From what I recall, yes.</p> <p>19       Q. Could that potentially lead to diversion, 20 failing to capture distributions for 340B controlled 21 substances?</p> <p>22       A. I can't speculate. I don't know if it 23 would or wouldn't.</p> <p>24       Q. Well, if it's not being monitored for</p>	<p>1       A. That are authorized for that entity.</p> <p>2       Q. So it would be one within the region in 3 which the entity is?</p> <p>4       A. I would assume. Again, I never ran a 5 340B. I do not administer this program, so --</p> <p>6       Q. But failure to capture distribution of 7 340B controlled substances would not be in accordance 8 with the obligations of Walgreens to monitor for 9 suspicious orders if you fail to include those? Fair 10 statement?</p> <p>11       MS. DESH: Objection. Calls for a legal 12 conclusion.</p> <p>13       A. Again, I'm not an attorney. I'm not 14 well-versed in 340B, so I don't know.</p> <p>15       Q. (By Mr. Shkolnik) I'm not asking if 16 you're an attorney. I'm asking you as a person -- one 17 of the three people that was brought in to work in RX 18 Integrity, to implement the education and processes 19 necessary going forward in 2013.</p> <p>20       I'm asking you, Mr. Dymon, if RX Integrity 21 was not running the 340B pre -- I mean, orders through 22 its suspicious order monitoring program -- that was not 23 in accordance with the policies and procedures that 24 were required of Walgreens; correct?</p>
<p style="text-align: center;">Page 75</p> <p>1 suspicious order monitoring, isn't that one way in 2 which diversion could occur under the Controlled 3 Substances Act?</p> <p>4       A. Again, I can't speculate or interpret the 5 law here and apply it to this, but again, 340B are 6 institutions, health care systems -- they're closed 7 systems practically -- so I wouldn't see any diversion 8 here.</p> <p>9       Q. When you say they're a closed system, what 10 do you mean?</p> <p>11       A. The patient has to go to the pharmacy 12 that's contracted with that entity and the patient see 13 the prescribers at that entity.</p> <p>14       Q. But the pharma -- the patient, the 340B, 15 can fill the prescription outside of the institution 16 under 340B, couldn't they?</p> <p>17       A. To the entity that's contracted with the 18 pharmacy. That's where they would have to go.</p> <p>19       Q. So if there's a Walgreens facility in 20 rural Ohio -- withdraw that. If a health facility 21 which is a 340B facility has patients throughout Ohio 22 or West Virginia, that patient could go to any pharmacy 23 in the Walgreens chain that was authorized to accept 24 340B prescriptions; correct?</p>	<p style="text-align: center;">Page 77</p> <p>1       MS. DESH: Objection to the form.</p> <p>2       A. Again, 340B is an entity's inventory.</p> <p>3 It's not Walgreens's inventory. So again, when we 4 created this team, we just, again, educate and develop 5 and this is, again, all about exploring about how we 6 ensure -- go beyond anything that's required for 7 compliance.</p> <p>8       Q. (By Mr. Shkolnik) So not monitoring 340B 9 was not a requirement for Walgreens? Is that your 10 testimony?</p> <p>11       A. A requirement based on who?</p> <p>12       Q. Well, sir, who were the requirements of 13 for controlled substance monitoring, suspicious order 14 monitoring? Let's start there, since you seem to not 15 be sure.</p> <p>16       A. Well, I'm just asking to clarify your 17 question. Are you referencing to the DEA, sir?</p> <p>18       Q. I'm asking you. Who -- let me rephrase 19 this. You're part of a team that's purpose is to 20 oversee suspicious order monitoring for Walgreens's 21 8,000 stores in 2013. What guidelines were you 22 supposed to be implementing?</p> <p>23       A. We were following, again, the DEA 24 guidelines.</p>

<p style="text-align: right;">Page 78</p> <p>1 Q. So when I'm asking you about complying 2 with the guidelines, I'm going to take your definition, 3 the DEA guidelines; okay?</p> <p>4 A. Yes, sir.</p> <p>5 Q. Was Walgreens complying with the DEA 6 guidelines when it was not running 340B distributions 7 through its suspicious order monitoring program? Yes 8 or no?</p> <p>9 MS. DESH: Objection to the form.</p> <p>10 A. Again, at that time we were developing 11 systems for suspicious order monitoring, and again, I 12 can't speculate as to how that would be viewed, but 13 again, that was identified as an area that needs to be 14 I believe included into our overall order monitoring at 15 that time.</p> <p>16 Q. (By Mr. Shkolnik) And it would be fair to 17 say it was not included in the program before you 18 started?</p> <p>19 A. To the best of my knowledge, I do not 20 recall or do not know. It probably was not.</p> <p>21 Q. And sir, that was not in accord with the 22 DEA's guidelines; correct?</p> <p>23 MS. DESH: Objection. Calls for a legal 24 conclusion.</p>	<p style="text-align: right;">Page 80</p> <p>1 one of the three original members of RX Integrity did 2 not believe that Walgreens was in violation of any DEA 3 guideline by not including 340B distributions in its 4 suspicious order monitoring program when you started RX 5 Integrity? I just want your answer, sir.</p> <p>6 A. No. Because, again, we have to understand 7 what 340B was and what does it mean and how does it all 8 work. I mean, again, it's something that we were 9 developing at that time.</p> <p>10 Q. So the fact that you didn't understand it 11 or no one understood it would be a basis for not 12 complying with the DEA guideline if it was required?</p> <p>13 MS. DESH: Objection. Calls for 14 speculation.</p> <p>15 A. Again, if something is unknown, how do you 16 know if you're in compliance or not?</p> <p>17 Q. (By Mr. Shkolnik) Well, Walgreens didn't 18 just have you and Tasha Polster and Mr. Mills to 19 determine what their obligations were under the 20 suspicious order monitoring guidelines? Am I correct?</p> <p>21 A. Correct.</p> <p>22 Q. They had lawyers, did they not?</p> <p>23 A. Yes.</p> <p>24 Q. They had Mr. Pinon, did they not?</p>
<p style="text-align: right;">Page 79</p> <p>1 A. Again, I can't speculate on that.</p> <p>2 Q. (By Mr. Shkolnik) Well, why were you 3 doing it? Why were you adding 340B to the program when 4 you guys joined and developed this RX Integrity group? 5 Why would you just add them?</p> <p>6 A. Again, I was not the one working on this 7 340B piece of the team, so I can't assume why. I know 8 as Walgreens we wanted to ensure we went above and 9 beyond any requirements of the company that were 10 needed, and that was the purpose of our team, is to 11 help develop and ensure and to identify -- we work 12 through all those pieces at that time.</p> <p>13 Q. Who said 340B should be added to 14 suspicious order monitoring?</p> <p>15 A. I can't recall.</p> <p>16 Q. You said you were not working on that 17 piece. Who was?</p> <p>18 A. I can only -- potentially maybe Mr. Mills 19 was working on it at the time.</p> <p>20 Q. Was it one of the first things that you 21 looked at, or did it come down the road?</p> <p>22 A. I can't recall when we would have looked 23 at that.</p> <p>24 Q. So just so I understand it, that you as</p>	<p style="text-align: right;">Page 81</p> <p>1 A. Correct.</p> <p>2 Q. He had been there for quite a while before 3 you joined this team; correct?</p> <p>4 A. He was present before I joined, yes.</p> <p>5 Q. Did he tell the team 340B did not have to 6 be included in the suspicious order monitoring program?</p> <p>7 MS. DESH: I'm going to object and 8 instruct the witness not to answer based on 9 conversations with counsel.</p> <p>10 Q. (By Mr. Shkolnik) Was anyone directed by 11 any person at Walgreens when you joined the RX 12 Integrity team who advised that 340B should not be 13 included in suspicious order monitoring?</p> <p>14 MS. DESH: Same objection to the extent it 15 requires divulging conversations with counsel.</p> <p>16 Otherwise, you can answer.</p> <p>17 A. I do not know of any conversations.</p> <p>18 Q. (By Mr. Shkolnik) At some point did a 19 light bulb go up over someone's head and say wait a 20 second, we have a large number of C-II to C-V pills 21 being distributed into Walgreens facilities that were 22 not being run through our suspicious order monitoring 23 program? Did that just -- one day something popped up?</p> <p>24 MS. DESH: Objection. Calls for</p>

<p style="text-align: right;">Page 82</p> <p>1 speculation.</p> <p>2 A. Again, I do not know if that popped into</p> <p>3 someone's mind, as you're stating, sir. Just -- again,</p> <p>4 I know -- the team was developed and we looked to</p> <p>5 ensure that we were -- we met and exceeded any</p> <p>6 compliance requirements.</p> <p>7 Q. (By Mr. Shkolnik) After you implemented a</p> <p>8 340B program into the SOM; correct?</p> <p>9 A. At the formulation of the team when we</p> <p>10 started in 2013, sir.</p> <p>11 Q. Well, when you formulated the team in</p> <p>12 2013, you were not running the 340B distributions</p> <p>13 through any SOM program?</p> <p>14 A. That is to my understanding, yes.</p> <p>15 Q. At some point you implemented a program</p> <p>16 that ran 340B distributions through the suspicious</p> <p>17 order monitoring program so you would be in compliance</p> <p>18 with the Controlled Substances Act; correct?</p> <p>19 MS. DESH: Objection. Calls for</p> <p>20 speculation.</p> <p>21 A. Again, to ensure we met or exceeded any</p> <p>22 compliance requirements.</p> <p>23 Q. (By Mr. Shkolnik) Was it met or exceeded?</p> <p>24 There's a big difference there, sir. Walgreens must</p>	<p style="text-align: right;">Page 84</p> <p>1 question. Very simple. If the DEA guidelines required</p> <p>2 distributions that came through the 340B program to be</p> <p>3 included in its suspicious order monitoring for</p> <p>4 Walgreens, if that was a requirement and you didn't do</p> <p>5 it until after your team came into place and instituted</p> <p>6 a change to the program, by definition that would be a</p> <p>7 violation of the regulations? Fair statement?</p> <p>8 MS. DESH: Objection. Calls for</p> <p>9 speculation.</p> <p>10 A. Again, I'm -- that's on regulatory law and</p> <p>11 I'm not an expert on regulatory law, so it could</p> <p>12 potentially be considered that, but I can't say yes or</p> <p>13 no to answer that.</p> <p>14 Q. (By Mr. Shkolnik) Well, if I was -- if</p> <p>15 you had a policy in place that said any distributions</p> <p>16 of controlled substances had to be monitored as -- for</p> <p>17 suspicious orders -- that's the guideline -- if that is</p> <p>18 the requirement -- do you agree that that was what is</p> <p>19 in place even before you got into Integrity?</p> <p>20 MS. DESH: Objection. Calls for a legal</p> <p>21 conclusion.</p> <p>22 MR. SHKOLNIK: It really doesn't, but --</p> <p>23 A. Again, I am aware that the company did</p> <p>24 have order monitoring prior to me joining in 2013.</p>
<p style="text-align: right;">Page 83</p> <p>1 meet its guidelines; correct?</p> <p>2 A. Correct.</p> <p>3 Q. Walgreens can certainly exceed guidelines</p> <p>4 and even be super vigilant; correct?</p> <p>5 A. Correct.</p> <p>6 Q. Was including 340B in SOM distributions</p> <p>7 meeting guidelines or exceeding guidelines?</p> <p>8 MS. DESH: Objection. Calls for a legal</p> <p>9 conclusion.</p> <p>10 A. Again, I don't know. All I know is we had</p> <p>11 developed -- that was part of our development process</p> <p>12 or roadmap for the team working on projects.</p> <p>13 Q. (By Mr. Shkolnik) If it was required to</p> <p>14 include three -- if guidelines required 340B</p> <p>15 distributions to be included in suspicious order</p> <p>16 monitoring and Walgreens did not do it until after your</p> <p>17 team implemented a program to do that, that would be a</p> <p>18 violation of the DEA guidelines; correct?</p> <p>19 MS. DESH: Objection. Calls for</p> <p>20 speculation.</p> <p>21 A. Again, I'm not versed in 340B regulations,</p> <p>22 and I don't know how that would fit with overall DEA</p> <p>23 regulations, sir.</p> <p>24 Q. (By Mr. Shkolnik) I'm not asking you that</p>	<p style="text-align: right;">Page 85</p> <p>1 Q. (By Mr. Shkolnik) Suspicious order</p> <p>2 monitoring; correct?</p> <p>3 A. To the best of my understanding, yes.</p> <p>4 Q. And what was the suspicious order</p> <p>5 monitoring program in place before you came in to join</p> <p>6 the team?</p> <p>7 A. I just know there was a program in place</p> <p>8 and it was evolving over the time periods.</p> <p>9 Q. What was the program in place on the day</p> <p>10 you joined the team, sir?</p> <p>11 A. I don't know the specific name. I just</p> <p>12 know they had a suspicious order monitoring program.</p> <p>13 Q. Which one was it? What did it do? What</p> <p>14 did they monitor?</p> <p>15 A. All I know is it monitored orders and our</p> <p>16 RX inventory team and IT teams were the groups that</p> <p>17 developed that order monitoring system.</p> <p>18 Q. So your team didn't develop a new program?</p> <p>19 Is that a fair statement?</p> <p>20 A. Correct.</p> <p>21 Q. You took a system that was there and just</p> <p>22 taught everyone you should follow it?</p> <p>23 A. Education around the system and continued</p> <p>24 evolution of that system.</p>

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<p>1       Q. What evolution of the system were      2 implemented by your team after 2013?      3       A. We worked on a portion of it which is      4 called a CSO or controlled substance order override      5 form.      6       Q. Other than the override form, what other      7 upgrades did you include in that program?      8       A. That's what I worked on with the team on      9 that. I wouldn't know, but there's probably other      10 things IT teams were working on as well with RX      11 inventory.      12       Q. 340B was also included into the system;      13 correct?      14       A. I believe at some point down the road, but      15 I don't -- do not believe during my time on the team, I      16 don't know.      17       Q. When did you leave the team?      18       A. 2014.      19       Q. Early or late?      20       A. Later in the year in 2014.      21       Q. Was a change in the program made that      22 would capture orders that were placed through vendors?      23       MS. DESH: Objection. Vague.      24       Q. (By Mr. Shkolnik) Or was that already in</p>	<p>1 order monitoring system.      2       Q. I mean, there was actually a period of      3 time where if the monitoring system either reduced or      4 killed an order, the pharmacist could actually go to      5 Cardinal Health and place that same order and get the      6 medications? There was a period of time?      7       A. I believe so, prior to 2013, yes.      8       Q. I mean, it was through 2009 up until 2013;      9 correct?      10       A. I do not know the years.      11       Q. Well, certainly until that fix was      12 implemented, a pharmacist could end-run your suspicious      13 order monitoring program and fill an order from an      14 outside vendor if the company's system shut them down?      15       MS. DESH: Objection. Vague.      16       A. Again, they could potentially order      17 something directly through the vendor prior to that      18 time.      19       Q. (By Mr. Shkolnik) Do you know if that was      20 happening down in Florida during the 2010 to 2013 time      21 frame?      22       A. I do not know.      23       Q. What was -- you have told me that there's      24 been -- there was the CSO -- the override form was</p>
<p>1 place?      2       A. Can -- I'm sorry. Can you please      3 clarify -- order from vendor?      4       Q. (By Mr. Shkolnik) Yeah. There was a      5 period of time where a pharmacy could supplement their      6 orders by going to outside vendors if they were either      7 reduced or rejected through the suspicious order      8 monitoring program; correct?      9       A. Prior to 2013, I believe so.      10       Q. So by the time you got there, that was      11 fixed?      12       A. In 2013 I believe that was all addressed.      13       Q. Was it fixed?      14       A. To the best of my knowledge, it was      15 addressed, yes.      16       Q. You're saying addressed. I'm saying      17 fixed. Addressing is one thing, fixing a problem is      18 another. Which one was it?      19       A. They were blocked from ordering via      20 contacting a vendor.      21       Q. Why would you -- from your standpoint, why      22 would you want to block a pharmacy from contacting a      23 vendor?      24       A. To ensure everything went through our</p>	<p>1       A. Just development of educational materials      2 for our stores.      3       Q. And the educational materials, much of      4 that dealt with the GFD, did it not?      5       A. Yes.      6       Q. And that was a big part of your place on      7 the team for a period, was it not?      8       A. Yes, sir.      9       Q. You do not only just develop training, but      10 you also went out and did road shows? Is that a fair      11 statement?      12       A. I -- from -- like a call or      13 videoconference, yes.      14       Q. Didn't even think about that. So you were      15 able to actually do the programs remotely through video      16 conferencing?      17       A. Yes, sir.</p>

<p style="text-align: right;">Page 90</p> <p>1 Q. Were they done by regions, by store? How 2 was that done?</p> <p>3 A. Regions.</p> <p>4 Q. Did you -- were you also a manager of a 5 region?</p> <p>6 A. Yes, sir.</p> <p>7 Q. What was your region?</p> <p>8 A. The eastern operation.</p> <p>9 Q. And would that be Maine, Massachusetts, 10 Vermont, New York, down to maybe Jersey, out to Ohio, 11 but not including Ohio?</p> <p>12 A. Yes and no. Ohio was part of the eastern 13 operation at the time, so yes to all of those states.</p> <p>14 Q. Oh. Yours included Ohio, too?</p> <p>15 A. Yes.</p> <p>16 Q. So Cleveland would have been within your 17 area?</p> <p>18 A. Yes.</p> <p>19 Q. What years were you a manager for that 20 region?</p> <p>21 A. 2013 into 2014.</p> <p>22 Q. Was there a period of time when Ohio was 23 not included in eastern, or is it -- it remained in 24 eastern?</p>	<p style="text-align: right;">Page 92</p> <p>1 materials. The CSO override process was 2 operational-based, so all those pieces were tied to 3 their operations.</p> <p>4 Q. When was the CSO override process 5 implemented?</p> <p>6 A. I believe some time in the first half of 7 2013, maybe middle of 2013.</p> <p>8 Q. And during that time, the company was 9 still engaged in distribution activities, was it not, 10 of controlled substances?</p> <p>11 A. At that time, in 2013, we began 12 transitioning our distribution centers.</p> <p>13 Q. At some point after Jupiter was shut, 14 Perrysburg was shut, and Woodland was being shut down, 15 was distribution being transferred to Cardinal Health?</p> <p>16 MS. DESH: Objection. Assumes facts not 17 in evidence. You can answer.</p> <p>18 A. Cardinal Health was already a distributor 19 for Walgreens at the time.</p> <p>20 Q. (By Mr. Shkolnik) They were a backup 21 distributor, were they not?</p> <p>22 A. A secondary, yes, and primary on certain 23 products as well.</p> <p>24 Q. But as to the C-II distribution, Cardinal</p>
<p style="text-align: right;">Page 91</p> <p>1 A. I know it's changed over time, but I 2 believe during that time frame it was always a part of 3 eastern.</p> <p>4 Q. Who did you replace for that region?</p> <p>5 A. Nobody.</p> <p>6 Q. Was this developed as part of --</p> <p>7 A. Correct.</p> <p>8 Q. Let me rephrase the question. I'm sorry. 9 Was the regions developed as part of the RX Integrity 10 program?</p> <p>11 A. Yes.</p> <p>12 Q. RX Integrity team, I think is --</p> <p>13 A. Apologies.</p> <p>14 MS. DESH: You can let him finish his 15 question.</p> <p>16 Q. (By Mr. Shkolnik) What was the purpose of 17 breaking down the country into these regions and having 18 managers for each region?</p> <p>19 A. To align the way our field was structured, 20 to provide support to the field leadership of those 21 operations.</p> <p>22 Q. And when you're saying provide support to 23 the leadership, what does that mean?</p> <p>24 A. Developing education materials, training</p>	<p style="text-align: right;">Page 93</p> <p>1 Health would have been the secondary for the most part, 2 were they not?</p> <p>3 A. Correct.</p> <p>4 Q. So as -- initially when Jupiter was shut 5 down, that distribution was picked up by Perrysburg and 6 Woodland? Am I correct?</p> <p>7 A. From what I recall, yes.</p> <p>8 Q. And then there was an issue of Perrysburg 9 being shut down and being padlocked by the DEA, and 10 Woodland was picking up a larger portion of the 11 distribution -- isn't that correct -- right around that 12 time?</p> <p>13 MS. DESH: Objection. Assumes facts not 14 in evidence.</p> <p>15 A. I don't recall how much or what Woodland 16 picked up from Perrysburg. I just can't recall.</p> <p>17 Q. (By Mr. Shkolnik) But there was a period 18 Jupiter is shut for C-II -- actually, for all 19 controls -- Perrysburg was shut as well, and then the 20 company was utilizing either Woodland or outside 21 vendors to fill the C-IIs; correct?</p> <p>22 MS. DESH: Same objection.</p> <p>23 A. To the best of my recollection, I believe 24 so.</p>

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<p>1       Q. (By Mr. Shkolnik) And right around that      2 time was when Walgreens entered into the contract with      3 Amerisource Bergen to become the exclusive distributor      4 once the Cardinal Health contract ended in August of      5 2013; correct?</p> <p>6       A. I don't know the exact specific month, but      7 I know towards the end of 2013 we agreed with      8 Amerisource Bergen to become our wholesaler.</p> <p>9       Q. And during that period from we'll say      10 around March of 2013 when the announcement of ABC deal      11 through the beginning of 2014, Walgreens was relying      12 for the most part on either Cardinal Health or      13 Amerisource Bergen to do the actual distribution of the      14 C-IIIs until it was completely shut off in 2014;      15 correct?</p> <p>16       A. To the best of my recollection, yes.</p> <p>17       Q. After two thousand -- do you know when in      18 2014 the company said we are not distributing      19 controlled substances going forward?</p> <p>20       A. I do not remember the exact month.</p> <p>21       Q. You were still on the team, though, when      22 that happened; is that correct?</p> <p>23       A. Yes, sir.</p> <p>24       Q. When that happened, when the final</p>	<p>1       A. I wouldn't say change to wholesaler      2 changed the viewpoint of the policy or development of      3 policy, no.</p> <p>4       Q. (By Mr. Shkolnik) What happened --      5 withdraw that. One of the -- would you agree one of      6 the important aspects of -- withdraw that. One of the      7 changes that occurred as part of the new RX Integrity      8 team was to implement the good faith dispensing      9 educational program; correct?</p> <p>10       A. Yes, sir.</p> <p>11       Q. Before that, pharmacists did not have to      12 go to a web portal and go through a training program      13 and sign off that they actually completed GFD, before      14 the Integrity program came into place; correct?</p> <p>15       A. To the best of my recollection, I believe      16 there was a policy review or policy signoff prior to      17 the additional education by RX Integrity.</p> <p>18       Q. But there was a different type of program      19 in place, was there not?</p> <p>20       A. Was like the first versions of GFD, yes.</p> <p>21       Q. Well, how did it change? How did GFD      22 Phase 1 compare to GFD Phase 2?</p> <p>23       A. Overall, as we learn more about what is      24 going on in the whole nation around opioids, the policy</p>
<p style="text-align: center;">Page 95</p> <p>1 transition happened in 2014, would I be correct in      2 stating that Walgreens was from that point on handling      3 the C-IIIs to C-V controlled substances as a pharmacy      4 dis -- as a pharmacy distribution, not as a      5 distributor; correct?</p> <p>6            MS. DESH: Objection. Vague.</p> <p>7        A. You mean as in no longer involving in the      8 distribution of C-II through C-V at our own facilities?</p> <p>9        Q. (By Mr. Shkolnik) Yes. Yes.</p> <p>10       A. Yes.</p> <p>11       Q. But the company chose to continue running      12 its controlled substance order monitoring program that      13 was in place, even after they were no longer a      14 distributor; correct?</p> <p>15       A. Yes.</p> <p>16       Q. And as you understand it, it's still      17 running till today; am I correct?</p> <p>18       A. Yes.</p> <p>19       Q. From when it was the transition out of      20 C -- out of distribution to primarily being focused on      21 the pharmacy sale of opioids, did the GFD become of      22 greater import in terms of the responsibilities of      23 Walgreens because that is where the license was?</p> <p>24            MS. DESH: Objection to the form.</p>	<p style="text-align: center;">Page 97</p> <p>1 continued to evolve over time.</p> <p>2       Q. But 2013, there was an enhancement to the      3 training program for GFD, was there not?</p> <p>4       A. Yes, I believe so.</p> <p>5       Q. And in fact, it was called a relaunch of      6 GFD, was it not?</p> <p>7       A. Relaunch. Yes, sir. Correct.</p> <p>8       Q. And there was a greater focus on GFD from      9 a corporate policy standpoint; correct?</p> <p>10       MS. DESH: Objection. Calls for      11 speculation.</p> <p>12       A. Correct.</p> <p>13       Q. (By Mr. Shkolnik) And there was a      14 requirement that all pharmacists undertake GFD training      15 under the procedures that were then in place from 2013      16 forward; correct?</p> <p>17       A. Yes, to the best of my recollection.</p> <p>18       Q. And there were actually training materials      19 prepared on good practices that should be followed by a      20 pharmacist when filling prescriptions going forward;      21 correct?</p> <p>22       A. Yes.</p> <p>23       Q. And there was training modules that were      24 put out so that pharmacists in the field could actually</p>

<p style="text-align: right;">Page 98</p> <p>1 go online and look at them; correct?</p> <p>2 A. Yes.</p> <p>3 Q. Were there live programs where you were</p> <p>4 doing it remotely from the office and walking people</p> <p>5 through PowerPoints, or was it just click on a link and</p> <p>6 look at a predone program?</p> <p>7 A. I can speak for myself as in my role --</p> <p>8 yes, with field leadership.</p> <p>9 Q. So us would do it live on a link with</p> <p>10 field leadership?</p> <p>11 A. Yes, sir.</p> <p>12 Q. As to the pharmacists themselves, would</p> <p>13 they then go to a web portal and click and watch?</p> <p>14 A. We didn't have that technology at that</p> <p>15 time, but the PowerPoints and materials were on an</p> <p>16 internet portal that these team members at store level</p> <p>17 could access.</p> <p>18 Q. Would they receive any type of audio or</p> <p>19 video presentation on GFD?</p> <p>20 A. Not that I can recall from that time.</p> <p>21 Q. And we're talking -- the time we're</p> <p>22 talking is 2013 into 2014; correct?</p> <p>23 A. Correct.</p> <p>24 Q. Did you leave any aspect of GFD training</p>	<p style="text-align: right;">Page 100</p> <p>1 Q. And did that include any training with</p> <p>2 respect to opioids and how they should be prescribed</p> <p>3 and what types of discussions you would have with the</p> <p>4 patient?</p> <p>5 A. No.</p> <p>6 Q. After the medicine rotation, any other</p> <p>7 rotations before you graduated?</p> <p>8 A. There were more. I just can't recall. I</p> <p>9 think we had six or seven we had to do. It's been a</p> <p>10 while. Sorry.</p> <p>11 Q. After you graduated, what did you do?</p> <p>12 A. I became a licensed pharmacist for</p> <p>13 Walgreens.</p> <p>14 Q. And did you start like at a store here in</p> <p>15 the Chicagoland area?</p> <p>16 A. Yes, I floated through any store in the</p> <p>17 Chicagoland area.</p> <p>18 Q. Is that the way it would work that when</p> <p>19 you're a new pharmacist, you would sort of work</p> <p>20 whatever was needed during -- in the region that you're</p> <p>21 living?</p> <p>22 A. Yes, sir.</p> <p>23 Q. And how long did you act as a -- and I'm</p> <p>24 not saying it in a -- trying to be in a negative way --</p>
<p style="text-align: right;">Page 99</p> <p>1 after 2014?</p> <p>2 A. I apologize. Can you clarify --</p> <p>3 Q. Did you leave any -- all your</p> <p>4 responsibilities with respect to GFD training after</p> <p>5 2014?</p> <p>6 A. Yes.</p> <p>7 Q. Do you know if it's been updated over the</p> <p>8 years to have live like video/audio-type presentations</p> <p>9 for the pharmacists?</p> <p>10 A. I'm not sure. I don't know what the team</p> <p>11 carried on after I left.</p> <p>12 Q. I'm going to just bounce back to where I</p> <p>13 was before. So you told us you went to Walgreens. You</p> <p>14 were out in the field. You were shadowing. What did</p> <p>15 you do next with respect to your education and</p> <p>16 training?</p> <p>17 A. In regards to additional rotations that I</p> <p>18 did, or --</p> <p>19 Q. Yeah. Additional rotations.</p> <p>20 A. To the best of my recollection, I had a</p> <p>21 medicine rotation back at UIC Hospital.</p> <p>22 Q. What does that mean, a medicine rotation?</p> <p>23 A. That means rounding with physicians on the</p> <p>24 floors and working side-by-side with the physicians.</p>	<p style="text-align: right;">Page 101</p> <p>1 as a floater type of a pharmacy? I don't know what</p> <p>2 it's called, the technical word.</p> <p>3 A. As a floater pharmacist until I became a</p> <p>4 pharmacy manager in 2006.</p> <p>5 Q. So there was never a time when you were</p> <p>6 like designated you're at the Walgreens on the corner</p> <p>7 of Clark and whatever? You would -- you went from</p> <p>8 floater directly to manager?</p> <p>9 A. Yes. Correct.</p> <p>10 Q. And how long did that take between your</p> <p>11 starting and promotion?</p> <p>12 A. Almost two years.</p> <p>13 Q. And then you were assigned a specific</p> <p>14 store as a manager, or would that include stores?</p> <p>15 A. Just a specific store.</p> <p>16 Q. And now we're talking somewhere around</p> <p>17 2006, 2007?</p> <p>18 A. 2006.</p> <p>19 Q. And between 2006 and 2013, could you just</p> <p>20 take us briefly through your -- the stores that you</p> <p>21 were responsible for -- like what you did?</p> <p>22 A. My store, I oversaw payroll, pharmacy</p> <p>23 scheduling, training my team, working with doctors in</p> <p>24 the community, working on community education, managing</p>

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<p>1 the inventory in the pharmacy.</p> <p>2 Q. Were you doing pharmacy -- were you doing</p> <p>3 inventory for the whole store or primarily in the</p> <p>4 pharmacy side of it?</p> <p>5 A. Just the pharmacy side.</p> <p>6 Q. During the years between 2006 and 2013,</p> <p>7 were programs being implemented where ordering and</p> <p>8 stocking had become automated by computer systems?</p> <p>9 A. It was already automated at the time when</p> <p>10 I started with the company.</p> <p>11 Q. So you didn't -- as a pharmacist did you</p> <p>12 have to go rack-by-back and have a little handheld</p> <p>13 device and say I have X number of bottles of this and</p> <p>14 please order X bottles or something like that? Or was</p> <p>15 it for the most part being done on an automated</p> <p>16 generated system through Walgreens?</p> <p>17 A. An automated system.</p> <p>18 Q. And would those -- with respect to C-IIIs</p> <p>19 or controlled substances in general, was there a</p> <p>20 ordering pattern that was in place while you were</p> <p>21 manager in the stores between 2006 and 2013?</p> <p>22 A. The system, whatever patterns or</p> <p>23 algorithms they had for ordering would determine what</p> <p>24 to order.</p>	<p>1 next scheduled order?</p> <p>2 MS. DESH: Objection. Vague.</p> <p>3 A. I could always order an item if I needed</p> <p>4 that item.</p> <p>5 Q. (By Mr. Shkolnik) And were there</p> <p>6 abilities to direct-order from vendors for C-IIIs?</p> <p>7 A. Not that I'm aware of at that time.</p> <p>8 Q. Did there come a time when you could</p> <p>9 direct-order C-IIIs?</p> <p>10 A. Not that I can recall.</p> <p>11 Q. When you came into RX Integrity, was there</p> <p>12 an ability to order C-IIIs from vendors directly, manual</p> <p>13 orders?</p> <p>14 A. Not that I can recall. No.</p> <p>15 Q. If an order was placed -- was there a</p> <p>16 period of time when there was a system in place that if</p> <p>17 you placed an order and it exceeded a tolerance, that</p> <p>18 it would be reduced?</p> <p>19 A. I don't know how it worked when I was in</p> <p>20 the field, so I don't know.</p> <p>21 Q. If you didn't get enough -- if you were</p> <p>22 expecting an order of, say, a thousand pills and you</p> <p>23 only got 500, and you as a store manager felt you</p> <p>24 needed another additional 500, what would you do?</p>
<p style="text-align: center;">Page 103</p> <p>1 Q. But would C-IIIs come once a week and C-II</p> <p>2 to C-Vs come twice a week or anything like that?</p> <p>3 A. Schedule IIIs my stores received once a</p> <p>4 week.</p> <p>5 Q. And what happened if you needed more C-II</p> <p>6 than once a week? What was the process that --</p> <p>7 A. You could place a manual order for a</p> <p>8 product.</p> <p>9 Q. Would manual go directly to Walgreens</p> <p>10 distribution, or would you go to a vendor, or both?</p> <p>11 A. Directly to Walgreens.</p> <p>12 Q. Could you go to a vendor if you wanted to?</p> <p>13 A. Not that I recall on a Schedule II.</p> <p>14 Q. Was there the ability if Walgreens did not</p> <p>15 fill an order you could then go to a vendor?</p> <p>16 A. The distribution center would manage that</p> <p>17 part, yes.</p> <p>18 Q. So distribution would actually -- the</p> <p>19 distribution center, if they say no -- withdraw that.</p> <p>20 During the years 2006 to 2013, if your store placed an</p> <p>21 order -- you -- withdraw that. If you had been</p> <p>22 expecting an order in your store and it didn't come or</p> <p>23 a reduced amount came, could you as the pharmacist</p> <p>24 place another order for additional C-IIIs before the</p>	<p style="text-align: center;">Page 105</p> <p>1 A. You could place another order for</p> <p>2 additional product, or you could contact the inventory</p> <p>3 team and have them research or give you more</p> <p>4 information --</p> <p>5 Q. And there was no way to get it ordered</p> <p>6 from a vendor directly?</p> <p>7 A. Not that I can recall from a store level</p> <p>8 at that time, no.</p> <p>9 Q. Did there come a time when -- withdraw</p> <p>10 that. At some point in time there was a change to the</p> <p>11 SOM procedure where vendor orders was run through the</p> <p>12 SOM program; correct?</p> <p>13 A. I can't recall at the time when that would</p> <p>14 have been implemented. I don't remember.</p> <p>15 Q. No, but you're aware that that occurred?</p> <p>16 That was something we talked about before?</p> <p>17 A. Correct. There was some kind of order</p> <p>18 monitoring process at that time, yes.</p> <p>19 Q. Who was placing the orders to the vendor</p> <p>20 during that time frame? Would it have been the</p> <p>21 pharmacist or the distribution center?</p> <p>22 A. In regards to what kind of medications,</p> <p>23 sir?</p> <p>24 Q. C-IIIs.</p>

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<p>1       A. All our orders went to our Walgreens      2 distribution center, and then the distribution center      3 based on the product type determines if it goes to the      4 vendor or not, to the best of my recollection of how it      5 worked.</p> <p>6       Q. If the suspicious order monitoring system      7 cut -- I'm going to focus on the time frame when you      8 joined Pharmaceutical Integrity. Would it be correct      9 in stating that as part of your job as well as the rest      10 of your team members, you looked at the system that was      11 in place when you started -- correct -- the SOM system?</p> <p>12      A. Correct.</p> <p>13      Q. And as I understand your testimony, at      14 that time they had implemented -- there was a program      15 in place that there was such a thing as a tolerance,      16 was there not?</p> <p>17      A. I believe so, yes.</p> <p>18      Q. Stores had tolerances?</p> <p>19      A. I believe so, yes.</p> <p>20      Q. Do you know what the algorithm was for      21 setting a tolerance?</p> <p>22      A. I do not know.</p> <p>23      Q. But you were aware that there was      24 something going on in the computer system that each</p>	<p>1 between what they had last ordered and its tolerance;      2 correct?</p> <p>3            MS. DESH: Objection. Vague.</p> <p>4        A. I believe so, to the best of my      5 recollection.</p> <p>6        Q. (By Mr. Shkolnik) And then the store      7 could -- once a ceiling was put in place, the store      8 could actually hit tolerance and get more controlled      9 substances as long as it didn't exceed the ceiling;      10 correct?</p> <p>11        MS. DESH: Same objection.</p> <p>12       A. Potentially. I can't recall the technical      13 nature of how that all worked.</p> <p>14       Q. (By Mr. Shkolnik) When an order was      15 placed -- and I'll use an example -- probably the      16 easiest way. If the tolerance was 1,000 pills --      17 however it was calculated for store X, it was 1,000      18 pills, and the order was placed for 2,000 pills.</p> <p>19           The system, the SOM system that was in      20 place when you became part of the team, would allow it      21 to knock the order down to this tolerance of 1,000 and      22 prevent the additional 1,000 from being distributed to      23 the store; correct?</p> <p>24       A. To the best of my recollection, I believe</p>
<p style="text-align: center;">Page 107</p> <p>1 store would have a tolerance on what it could order      2 before it would trigger some event in this SOM system;      3 correct?</p> <p>4            MS. DESH: Objection. Calls for      5 speculation.</p> <p>6        A. To the best of my knowledge, yes.</p> <p>7        Q. (By Mr. Shkolnik) And then another change      8 that was implemented by RX Integrity was something      9 called the ceiling as well; correct?</p> <p>10      A. Yes.</p> <p>11      Q. And that was one of the changes that      12 occurred right around the time when you joined this new      13 team, RX Integrity?</p> <p>14      A. Yes.</p> <p>15      Q. So irrespective of what the tolerance was,      16 a store would have a hard-stop ceiling in place on how      17 much C-IIIs or controlled substances they could order;      18 correct?</p> <p>19      A. Yes.</p> <p>20      Q. When you looked at the system that was in      21 place, when you became part of Integrity, you became      22 aware that a store's order could exceed a tolerance and      23 the system would automatically reduce the order to the      24 tolerance if there was some tolerance left, some space</p>	<p style="text-align: center;">Page 109</p> <p>1 that's how it worked.</p> <p>2        Q. And until the system was amended, that      3 pharmacy could then place an order for that additional      4 1,000 to a distributor, a manual order to the      5 distributor, until the system closed that hole;      6 correct?</p> <p>7        MS. DESH: Objection. Vague.</p> <p>8        A. I'm not sure on the technical, how it      9 would work --</p> <p>10       Q. (By Mr. Shkolnik) I'm not asking you the      11 technical, but there was the ability to order the      12 additional 1,000 pills from a vendor, whether it was      13 the pharmacist, manually, or a distribution center      14 doing it -- someone was able to order those additional      15 1,000 pills through a vendor until the program was      16 amended or upgraded to fix that, to stop that from      17 happening; correct?</p> <p>18       MS. DESH: Same objection.</p> <p>19       A. Again, I do not recall. I don't know how      20 it all worked.</p> <p>21       Q. (By Mr. Shkolnik) If -- but were you      22 aware of a period of time where a pharmacy's orders      23 could be reduced to tolerance, yet a pharmacy could      24 still order over tolerance for a vendor?</p>

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1        A. I don't recall, because I don't know how 2 it worked.	1 educational training. 2        Q. This e-mail refers to 11-6-2007, and it's 3 a meeting for November 8, 2017, between Walgreens and 4 Purdue. Did you attend this meeting, sir?
3        Q. Is that because it was going on before you 4 joined the team?	5        A. No, I did not.
5        A. Correct.	6        Q. Turn your attention to Bates numbered -- 7 when I Bates numbered, it's on the bottom. Ending in 8 729. And it has a attendee list, and it indicates that 9 you and Ms. Martin were attending for Walgreens this 10 meeting with Purdue.
6        Q. But you were aware at the time you joined 7 the team that the ability to go to a vendor for 8 additional pills over tolerance could no longer occur 9 because it was running through the same suspicious 10 order monitoring program -- correct -- by the time you 11 got there?	11        Does that refresh your recollection?
12        A. I'm sorry. Can you please rephrase?	12        A. I did not attend this meeting.
13        Q. By the time you became part of the team, 14 any order, including an order that went to the vendor, 15 went through the SOM program, and it would all be 16 evaluated under the same tolerance and ceiling; 17 correct?	13        Q. Were you scheduled to attend this meeting?
18        A. I believe so, yes.	14        A. I was, but I had conflicts and I had to 15 not attend the meeting.
19            MR. SHKOLNIK: Can you -- that would be 20 43. Thank you.	16        Q. But you were aware of this meeting; 17 correct?
21            [Discussion off the record.]	18        A. Yes.
22            [Exhibit Walgreens-Dymon-001	19        Q. And you received information about this 20 meeting; is that a fair statement?
23            marked for identification.]	21        A. Yes.
24        Q. (By Mr. Shkolnik) I'm going to hand you	22        Q. And you received the materials that were 23 prepared for the meeting, even though you could not go; 24 correct?
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1 what's been marked as Walgreens-Dymon Exhibit 1 for 2 today, and it has a Bates number of PPLPC014000362724. 3        I've just handed you a document that we 4 obtained in discovery in this case, and it's an e-mail 5 from -- it was an internal e-mail at Purdue Pharm from 6 November 6th, 2017, and the subject is Walgreens 7 University information. 8        Have you ever heard of Walgreens 9 University? 10        MS. DESH: Hunter, can I ask if you have 11 permission to show the witness this document since he's 12 not on it? 13        MR. SHKOLNIK: Do I have permission? No, 14 I don't have permission. No one said no, I couldn't, 15 and we gave notice this week. 16        MS. DESH: You've given notice on this 17 document? 18        MR. SHKOLNIK: Yeah. Yeah. Yeah. 19        Q. (By Mr. Shkolnik) My question was, have 20 you ever heard of Walgreens University? 21        A. Yes. 22        Q. What is Walgreens University? 23        A. It's our onsite version of overall 24 education, and they schedule meetings, work on	1        A. Yes. 2        Q. And did you have any meetings within 3 Walgreens in preparation for this meetings -- 4        A. No. 5        Q. -- this meeting? Did you have any 6 discussions with any of the people in-house at 7 Walgreens regarding this meeting that occurred on 8 November 8, 2017? 9        A. Yes. 10        Q. Tell us about those conversations with 11 people at Walgreens, what they entailed. 12        A. It was just one conversation about that 13 Purdue was coming onsite for this meeting, and if we 14 would be able to be at the meeting and/or present 15 topics at the meeting. 16        Q. And you were asked to present on 17 third-party operations? 18        A. Yes. 19        Q. Did someone do that in your place? 20        A. Yes. 21        Q. Was that Ms. Schneider or Ms. Holden? 22        A. Yes. 23        Q. And did they attend this meeting on your 24 behalf?

<p style="text-align: right;">Page 114</p> <p>1 A. They did.</p> <p>2 Q. What was the purpose of this meeting with</p> <p>3 Purdue in 2017?</p> <p>4 A. Educational seminar for them.</p> <p>5 Q. To your knowledge, had Walgreens and</p> <p>6 Purdue engaged in any prior educational programs</p> <p>7 between them, between the companies at all?</p> <p>8 A. I do not know.</p> <p>9 Q. Do you know if there was any continuing</p> <p>10 medical or pharmaceutical education programs that were</p> <p>11 provided to Walgreens by Purdue related to opioids?</p> <p>12 A. Not that I can recall I'm aware of.</p> <p>13 Q. When you were in the pharmacy level, not</p> <p>14 when you got up into corporate, were you aware of any</p> <p>15 manufacturers providing continuing -- I say medical or</p> <p>16 pharmaceutical education. I don't know what the proper</p> <p>17 word is.</p> <p>18 But were you aware of any of the</p> <p>19 manufacturers of opioids providing any educational</p> <p>20 programs for Walgreens employees?</p> <p>21 A. Not that I'm aware of.</p> <p>22 Q. Were you aware of Walgreens providing any</p> <p>23 data to manufacturers related to the sales at the store</p> <p>24 levels?</p>	<p style="text-align: right;">Page 116</p> <p>1 locate any version of this PowerPoint or any e-mails or</p> <p>2 any other documents related to this program, and we</p> <p>3 would ask that they be produced, and ask why they</p> <p>4 weren't produced.</p> <p>5 Q. (By Mr. Shkolnik) Do you know what the</p> <p>6 purpose of the meeting was?</p> <p>7 A. At a high level, just an onsite so they</p> <p>8 could understand how pharmacy operates.</p> <p>9 Q. And did it relate to any type of drugs</p> <p>10 that Purdue may be trying to sell at the pharmacy</p> <p>11 level?</p> <p>12 A. I do not know if that was in relation to</p> <p>13 another product line or not.</p> <p>14 Q. Do you know what pharmaceuticals Purdue is</p> <p>15 most known for selling?</p> <p>16 A. To my understanding and recollection, it's</p> <p>17 OxyContin.</p> <p>18 Q. Did they -- do you know if this meeting</p> <p>19 had anything to do with sales of OxyContin?</p> <p>20 A. I do not know.</p> <p>21 Q. It said there was -- if we go to Bates</p> <p>22 numbered 2726, the meeting objective. The name was</p> <p>23 meeting -- pharmacy insights, Walgreens University.</p> <p>24 Walgreens University is a customized program</p>
<p style="text-align: right;">Page 115</p> <p>1 A. Not that I'm aware of.</p> <p>2 Q. If I'm not mistaken, sir, you received a</p> <p>3 copy of the PowerPoint presentation.</p> <p>4 A. I believe so, yes.</p> <p>5 Q. Do you know where that is, sir?</p> <p>6 A. It would have been in my e-mail if I would</p> <p>7 have received a copy.</p> <p>8 Q. How about if you received a hard copy?</p> <p>9 Where would that be?</p> <p>10 A. I did not receive a hard copy. I did not</p> <p>11 attend the meeting.</p> <p>12 Q. Do you know if any of the people other</p> <p>13 than Ms. Schneider or Ms. Holden attended the meeting</p> <p>14 with Walgreens?</p> <p>15 A. I cannot --</p> <p>16 Q. With Purdue, I'm sorry.</p> <p>17 A. From my team those were the only two</p> <p>18 individuals.</p> <p>19 Q. Would you expect more than just your team</p> <p>20 to have been in attendance at this meeting if all of</p> <p>21 these people were listed as attendees?</p> <p>22 A. Yes.</p> <p>23 MR. SHKOLNIK: Just for the record, we</p> <p>24 have searched the productions to date, and we could not</p>	<p style="text-align: right;">Page 117</p> <p>1 specifically designed and developed for Purdue which</p> <p>2 provides a foundational overview of Walgreens Pharmacy</p> <p>3 operations and workflow.</p> <p>4 A unique opportunity to engage with</p> <p>5 Walgreens -- various Walgreens executives, and gain</p> <p>6 insight into business practices and optimization of</p> <p>7 pharmacy channel strategy.</p> <p>8 What is meant by pharmacy channel</p> <p>9 strategy?</p> <p>10 A. I do not know. I didn't write this</p> <p>11 document.</p> <p>12 Q. Would I be correct in stating in 2017 the</p> <p>13 distribution of Purdue Pharmaceuticals was going</p> <p>14 through AmerisourceBergen, as it relates to the</p> <p>15 controlled substances? Correct?</p> <p>16 A. To the best --</p> <p>17 MS. DESH: Objection. Calls for</p> <p>18 speculation.</p> <p>19 A. I mean, to the best of my knowledge,</p> <p>20 again, I believe everything goes through</p> <p>21 AmerisourceBergen.</p> <p>22 Q. (By Mr. Shkolnik) But also in 2017,</p> <p>23 Walgreens was still operating its suspicious order</p> <p>24 monitoring program; correct?</p>

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<p>1 A. To my understanding, yes.</p> <p>2 Q. And RX Integrity is still a active and</p> <p>3 vibrant team at Walgreens, is it not?</p> <p>4 A. Correct.</p> <p>5 Q. If we can go Bates number 2734. There's a</p> <p>6 slide that was presented at this meeting called the</p> <p>7 current landscape, and if we go to the bottom it says</p> <p>8 opioid epidemic, DEA scrutiny and increasing government</p> <p>9 and media attention.</p> <p>10 When your team members came back after</p> <p>11 attending this meeting, did they discuss with you that</p> <p>12 one of the topics that were focused on in 2017, when</p> <p>13 people from Purdue were meeting with -- let me use</p> <p>14 their word so I don't get it wrong -- executives of</p> <p>15 Walgreens, that there was a discussion of the opioid</p> <p>16 epidemic, DEA scrutiny and increasing government and</p> <p>17 media attention?</p> <p>18 A. No, my team members only attended their</p> <p>19 portion of the presentation.</p> <p>20 Q. They wouldn't have stayed for the whole</p> <p>21 thing?</p> <p>22 A. No.</p> <p>23 Q. To your knowledge did anyone report back</p> <p>24 that there was a meeting with Purdue in 2017 when</p>	<p>1 settlements with the D -- I do not know.</p> <p>2 Q. You didn't know that Cardinal Health had</p> <p>3 been fined as well for the distribution of controlled</p> <p>4 substances?</p> <p>5 A. I do not know.</p> <p>6 Q. Did you know -- do you know who Cardinal</p> <p>7 Health is?</p> <p>8 A. Yes, I do.</p> <p>9 Q. Do you know that they distributed</p> <p>10 controlled substances?</p> <p>11 A. Yes, they do. They're a pharmaceutical</p> <p>12 wholesaler.</p> <p>13 Q. Do you know who McKesson is?</p> <p>14 A. Yes.</p> <p>15 Q. Do you know if they distribute controlled</p> <p>16 substances, opioids?</p> <p>17 A. They are also a pharmaceutical</p> <p>18 distributor.</p> <p>19 Q. Did you know that they were also fined by</p> <p>20 the DEA and the Department of Justice for their</p> <p>21 distribution practices related to the controlled</p> <p>22 substances?</p> <p>23 A. I am not aware.</p> <p>24 Q. Do you know if AmerisourceBergen was</p>
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<p>1 issues of the opioid epidemic was discussed, as well as</p> <p>2 DEA scrutiny?</p> <p>3 A. I would not be aware of that.</p> <p>4 Q. 2017, were you aware of the opioid</p> <p>5 epidemic?</p> <p>6 A. Yes.</p> <p>7 Q. In 2017, were you aware that DEA</p> <p>8 scrutiny -- that there was DEA scrutiny and increasing</p> <p>9 government and media attention related to the opioid</p> <p>10 epidemic?</p> <p>11 A. Nothing different out of the ordinary, no.</p> <p>12 Q. Well, what do you mean by out of the</p> <p>13 ordinary?</p> <p>14 A. I -- not aware of any new or any changes</p> <p>15 on the opioid epidemic. I mean, I don't know what they</p> <p>16 mean by this statement.</p> <p>17 Q. Well, by then Walgreens had entered its</p> <p>18 agreement with the DEA, so that was by history;</p> <p>19 correct? That's historical?</p> <p>20 A. Correct.</p> <p>21 Q. By then Amerisource -- I'm sorry. By then</p> <p>22 Cardinal Health had had settlements with the DEA over</p> <p>23 distribution of controlled substances; correct?</p> <p>24 A. I cannot speak on what Cardinal Health's</p>	<p>1 fined?</p> <p>2 A. I am not aware of anything with</p> <p>3 AmerisourceBergen.</p> <p>4 Q. Do you know if Purdue was ever fined for</p> <p>5 its conduct in the way in which it marketed and sold</p> <p>6 OxyContin?</p> <p>7 A. I do not know.</p> <p>8 Q. Never heard of it?</p> <p>9 A. I do not know. I'm not aware of any</p> <p>10 settlements, fines. I -- again, I'm not aware.</p> <p>11 Q. As you -- as a pharmacist, which you were</p> <p>12 for -- which you are till today, but which you were</p> <p>13 actively for between two thousand -- was it 2003 to</p> <p>14 2013 -- you never once heard that Purdue was fined for</p> <p>15 its conduct with relation to OxyContin?</p> <p>16 A. Not that I can recall.</p> <p>17 Q. You were not aware that some of its</p> <p>18 executives were found guilty of crimes related to the</p> <p>19 way in which it marketed OxyContin?</p> <p>20 A. Not that I'm aware.</p> <p>21 Q. We could turn to Bates numbered 62738.</p> <p>22 This is a pretty bad photocopy of a page of the</p> <p>23 PowerPoint slide that was presented at the Purdue</p> <p>24 meeting on November 8, 2017, and the title is Walgreens</p>

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<p>1 Purdue business, and it says MATTY, September 2017.</p> <p>2 Do you know what MATTY means?</p> <p>3 A. I do not.</p> <p>4 Q. If we look at the top line, it says --</p> <p>5 there's an arrow pointing to 8,200, so that would be</p> <p>6 greater than 8,200 Walgreens stores carry Purdue</p> <p>7 prescription products, or is that less than?</p> <p>8 A. No, it's a greater-than symbol.</p> <p>9 Q. That's what I thought. And it says</p> <p>10 Walgreens distributes approximately 374 million</p> <p>11 dollars, 16.8 percent of Purdue's prescription</p> <p>12 products. Were you aware of that, sir?</p> <p>13 A. No.</p> <p>14 Q. And it goes on to say Walgreens is the</p> <p>15 largest of the greater than 200 retail chains that</p> <p>16 dispense Purdue prescription products. Were you aware</p> <p>17 of that, sir?</p> <p>18 A. No, and I don't know if that statement is</p> <p>19 actually accurate based on the date of the document.</p> <p>20 Q. Why would you question it?</p> <p>21 A. I am not sure if we're the largest</p> <p>22 pharmacy. I believe CVS is the largest pharmacy.</p> <p>23 Q. Well, it says Walgreens is the largest of</p> <p>24 the retail chains that dispense Purdue products.</p>	<p>1 pharmacy level, were you aware that Walgreens was</p> <p>2 autoshipping every new product launched by Purdue?</p> <p>3 A. No.</p> <p>4 Q. While you were in the RX Integrity group,</p> <p>5 were you aware that Walgreens was autoshipping every</p> <p>6 new Purdue product?</p> <p>7 A. No.</p> <p>8 Q. Do you know how far back Purdue</p> <p>9 collaborated with Walgreens?</p> <p>10 A. I have no knowledge. I don't know.</p> <p>11 Q. Are you familiar with the drug called</p> <p>12 Hysingla ER?</p> <p>13 A. I have heard of it, yes.</p> <p>14 Q. What is it?</p> <p>15 A. It's an extended-release form of</p> <p>16 hydrocodone.</p> <p>17 Q. And according to this, Walgreens was the</p> <p>18 only account of Purdue that autoshipped Hysingla, and</p> <p>19 here it says to approximately 4,000 stores. Were you</p> <p>20 aware of that?</p> <p>21 A. I mean, per this document, yes, but prior,</p> <p>22 no.</p> <p>23 Q. What does it mean to autoship?</p> <p>24 A. The order is placed automatically on</p>
<p style="text-align: center;">Page 123</p> <p>1 A. Again, I don't know if that's accurate or</p> <p>2 not.</p> <p>3 Q. Okay. So you don't question whether or</p> <p>4 not Walgreens represents 16.8 percent of Purdue's</p> <p>5 prescriptions products, do you?</p> <p>6 A. I don't know that information personally,</p> <p>7 so I don't know if that's accurate or not.</p> <p>8 Q. If we can go on to the next slide, please.</p> <p>9 And it's Bates numbers 62739. Here we have a slide</p> <p>10 that references Purdue's -- purchases of Purdue</p> <p>11 prescription drugs, and it's graphed based upon the</p> <p>12 different pharmaceutical -- sorry, the different</p> <p>13 pharmacies. I don't have the color copy of it.</p> <p>14 Are you aware of what the sales were</p> <p>15 for -- withdraw that. Do you know if Butrans was a</p> <p>16 Purdue product?</p> <p>17 A. I can't recall. I'd have to look it up</p> <p>18 online to see if that's a product they make.</p> <p>19 Q. Let's go to the next -- next page, please.</p> <p>20 Here we have a slide that was presented that day, and</p> <p>21 it says Walgreens is the only major retail chain</p> <p>22 account that has autoshipped every new product</p> <p>23 launched.</p> <p>24 While you were at -- first of all in the</p>	<p style="text-align: center;">Page 125</p> <p>1 behalf for the store.</p> <p>2 Q. So even if the pharmacist didn't have</p> <p>3 someone come in and ask for it, the store would have it</p> <p>4 stocked automatically by the computer system?</p> <p>5 A. Correct, because these are new product</p> <p>6 launches.</p> <p>7 Q. And this way 4,000 stores would be</p> <p>8 prestocked in case someone came in for a prescription</p> <p>9 for a extended-release opioid?</p> <p>10 A. Yes, in this case, this is a</p> <p>11 abuse-deterrent opioid. Yes.</p> <p>12 Q. Did it turn out to be abuse-deterrent --</p> <p>13 Hysingla? Do you know?</p> <p>14 MS. DESH: Objection. Calls for</p> <p>15 speculation.</p> <p>16 A. To my understanding of the product, it is</p> <p>17 abuse-deterrent, yes.</p> <p>18 Q. And what does it mean to be</p> <p>19 abuse-deterrent as it relates to Hysingla?</p> <p>20 A. Can't be modified out of its form and</p> <p>21 ingested via other means.</p> <p>22 Q. But it also -- it still has its addictive</p> <p>23 qualities; am I correct?</p> <p>24 A. Correct.</p>

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1 Q. It's still an extended-release opioid; 2 correct? 3 A. Correct. 4 Q. It's the same molecule as OxyContin, is it 5 not? 6 A. No. 7 Q. It's a different type of an opioid 8 molecule? 9 A. Yes. 10 Q. What is the molecule in Hysingla? 11 A. Hydrocodone. 12 Q. What's Symproic? 13 A. I do not know that drug. 14 Q. So it goes on, the next sentence down -- 15 below -- not that one -- below -- Walgreens allowed 16 district managers to call on their Walgreens health 17 care supervisors who oversee 70 to 100 retail stores. 18 What does that mean, to call on their 19 Walgreens health care supervisors? What is a health 20 care supervisors? 21 A. A health care supervisor is a pharmacist 22 who works at a field leadership level to oversee 23 day-to-day operations at retail pharmacies. 24 Q. Was it common for Walgreens to allow	1 Q. Is that common, that Walgreens would allow 2 select manufacturers, district managers, to go directly 3 to people in the Walgreens chain to discuss their 4 drugs? 5 A. Not that I'm aware of. 6 Q. Was it common to have select district 7 managers being able to go to Walgreens health care 8 supervisors to talk about OxyContin, oxycodone, whether 9 it's extended-release or not extended-release? Is that 10 common? 11 A. Not that I'm aware of. 12 Q. A moment ago you said the sentence above 13 did not make any sense. Does the next sentence help 14 clarify whether or not the district managers were 15 Purdue's or not? You could read the next line. 16 Purdue was among the first to be selected 17 and provided access to call on their health care 18 supervisors. I mean, was that custom and practice at 19 Walgreens, that Purdue could go directly to the 20 pharmacy health care supervisors? 21 A. Not to my understanding or knowledge. I 22 don't know. 23 Q. I mean, as a pharmacist, sir, a Pharm D, 24 worked as a pharmacy manager, cares for patients by
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1 Purdue's district managers to call upon Walgreens 2 health supervisors directly? 3 A. Our own district managers couldn't call 4 our health care supervisors any time. I really don't 5 know what they mean by this statement here. 6 Q. So you're thinking that doesn't mean 7 Purdue is able to call upon the health care 8 supervisors? 9 A. Again, I don't even know -- this 10 statement, it doesn't even make rational sense to me, 11 the way it's written. 12 Q. If we read the next line two lines down, I 13 think it'll -- 14 MS. DESH: Let him finish his answer. 15 MR. SHKOLNIK: I'm sorry. 16 Q. (By Mr. Shkolnik) If we read the next 17 line down, it says this list is limited to select 18 manufacturers, and a contract is required. 19 Were you aware that Purdue had a contract 20 with Walgreens as one of the select manufacturers so 21 that its district managers can speak directly with 22 Walgreens health care supervisors? Were you aware of 23 that? 24 A. I am not aware of that.	1 your own words, do you think it's appropriate to have 2 the manufacturer of opioids coming directly to 3 Walgreens health care supervisors to talk about the 4 sales of their drugs? 5 A. Again, I don't know if it's -- what they 6 were talking about or what the program is structured to 7 be here. I have no knowledge of this. 8 Q. Do you think maybe the Purdue people were 9 just going there to shoot the breeze and they had 10 nothing better to do, these district managers? 11 A. I can't speculate to that. I don't know. 12 Q. Sir, wouldn't you agree with me that the 13 purposes of meeting directly with Walgreens health care 14 supervisors by district managers of Purdue was so that 15 the district managers could sell the Purdue opioids 16 directly to those people? 17 MS. DESH: Objection. Calls -- 18 Q. (By Mr. Shkolnik) Or market. I'm sorry, 19 not sell. Market. 20 MS. DESH: Objection. Calls for 21 speculation. 22 A. No. 23 Q. (By Mr. Shkolnik) You don't think that's 24 the case?

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<p>1       A. No.</p> <p>2       Q. You think they just went there because the 3 district managers for this pharmacy -- I'm sorry, 4 Purdue -- just wanted to chat it up with the health 5 care supervisors?</p> <p>6       A. No, pharmaceutical representatives are 7 usually in contact to talk about product or product 8 launches traditionally.</p> <p>9       Q. So it's common to come in and talk to the 10 pharmacists?</p> <p>11      A. No, not at store level.</p> <p>12      Q. Manager level?</p> <p>13      A. Not at store level.</p> <p>14      Q. I said managers -- so managers are store 15 level?</p> <p>16      A. Yes.</p> <p>17      Q. At what level do these salesmen come 18 talking to Walgreens people?</p> <p>19      A. It would be at the health care supervisor 20 level.</p> <p>21      Q. So even back when you were at the pharmacy 22 level, that was happening, was it not?</p> <p>23      A. I don't know.</p> <p>24      Q. When you were in Integrity was it</p>	<p>1 opioid?</p> <p>2       A. Again, I can't speculate. I don't know 3 what the acronym means.</p> <p>4       Q. Other than opioids, are you aware of any 5 other products that Purdue was most known for?</p> <p>6       A. To my knowledge, that's their number -- 7 top product that they've always dispensed or created, 8 distributed.</p> <p>9       Q. Have you ever seen the data analytics 10 study done for Purdue -- I'm sorry, done for Walgreens 11 and contracted with Purdue? Have you ever seen that 12 study?</p> <p>13      A. No.</p> <p>14      Q. Neither have I? That's interesting.</p> <p>15      MR. SHKOLNIK: Could you have it produced, 16 please? It should have been produced in this case.</p> <p>17      Q. (By Mr. Shkolnik) Let's go to the last 18 bullet point.</p> <p>19      MR. SHKOLNIK: You know, if you could do 20 me a favor. If you could add at the end of the 21 transcript that we would like production of all of the 22 material related to the Walgreens Purdue data analytics 23 study, as well as all documents related to the 24 Walgreens collaboration and university meetings. Thank</p>
<p>1 happening?</p> <p>2       A. I don't know.</p> <p>3       Q. And it goes on. It says Walgreens engages 4 with manufacturers to provide pharmacist educational 5 material to their pharmacists through corporate 6 coordination, including branded and unbranded 7 resources, to reach 27,000 pharmacists.</p> <p>8       When you were a pharmacist working at 9 Walgreens, were you aware that the educational 10 materials that you were getting about OxyContin, 11 oxycodone manufactured by Purdue was coming directly 12 from that company?</p> <p>13      A. I don't recall any materials at that time.</p> <p>14      Q. Did you ever see any materials about 15 OxyContin?</p> <p>16      A. Not that I can recall.</p> <p>17      Q. About oxycodone?</p> <p>18      A. Not that I can recall.</p> <p>19      Q. Now, the next line. Walgreens contracted 20 with Purdue through data analytics for a one-year study 21 focused on the journey of the OIC patient. Do you know 22 what OIC is?</p> <p>23      A. I do not know what that acronym means.</p> <p>24      Q. Do you think it has anything to do with</p>	<p>1 you.</p> <p>2       Q. (By Mr. Shkolnik) If we can go to the 3 last point. Purdue contracts for data for Walgreens RX 4 purchases at the store level.</p> <p>5       What does it mean to have Walgreens 6 purchases at the store-level data? What would you take 7 that to mean, sir?</p> <p>8       A. Again, I can't speculate. I don't know 9 what this is about or even means.</p> <p>10      Q. Sir, you've worked in the pharmacy for at 11 least eight to nine years as a manager, as a floating 12 pharmacist. What type of data would be available at 13 the store level regarding prescription purchases of 14 OxyContin and oxycodone and Hysingla that Purdue could 15 possibly get from Walgreens that was maintained in the 16 computers? Tell me.</p> <p>17      A. Sales.</p> <p>18      Q. Names of the patients?</p> <p>19      A. I believe not. That's not allowable.</p> <p>20      That's PHI.</p> <p>21      Q. Well, how about the prescription, what it 22 was for, how long it was for?</p> <p>23      A. Again, I believe not. I can't speculate.</p> <p>24      That's all matters of privacy law, and again, I don't</p>

<p style="text-align: right;">Page 134</p> <p>1 know what this agreement would entail or would allow 2 them to even access from Walgreens. 3 Q. Well, it says data is received daily and 4 posted in Phoenix for sales force, as well as added to 5 ValueCentric for executive review and analysis. 6 Whatever the details were, it dealt with 7 all of the prescription purchases at the store level 8 that could be legally produced without violating 9 HIPAA -- was being made available in Phoenix for its 10 sales force and for ValueCentric and executive review 11 and analysis, if we review this presentation that was 12 made at Walgreens University in November of 2017; 13 correct?</p> <p>14 MS. DESH: Objection. Calls for 15 speculation.</p> <p>16 A. Again, I don't know what this meeting was. 17 I did not attend it, did not create any content. I 18 don't know.</p> <p>19 Q. (By Mr. Shkolnik) But you were supposed 20 to be there? You were invited?</p> <p>21 A. Correct.</p> <p>22 Q. You didn't go; correct?</p> <p>23 A. Correct.</p> <p>24 Q. Your direct reports went to the meeting;</p>	<p style="text-align: right;">Page 136</p> <p>1 and practice at Walgreens, if you were a speaker at 2 Walgreens University presentations and you were listed 3 as an attendee, at the very least you would get a copy 4 of the PowerPoint presentations that were going to be 5 utilized? Fair statement?</p> <p>6 MS. DESH: Same --</p> <p>7 A. No.</p> <p>8 Q. (By Mr. Shkolnik) So you would just not 9 get them?</p> <p>10 A. No, I only had my section when I would 11 present at Walgreens University.</p> <p>12 Q. Does this PowerPoint have a section for 13 you even or do you have your own PowerPoint?</p> <p>14 A. There's nothing about third party in here.</p> <p>15 Q. Well, this last section before we take our 16 break, Purdue contracts for data for Walgreens RX 17 purchases at the store level. Data is received daily 18 and posted in Phoenix for sales force, as well as added 19 to ValueCentric for executive review and analysis.</p> <p>20 Sir, would you agree with me that from a 21 manufacturer's standpoint in terms of marketing their 22 opioids to the population that use opioids, whether 23 it's legally or illegally, knowing how many pills are 24 being sold, what the prescriptions are, the length of</p>
<p style="text-align: right;">Page 135</p> <p>1 correct?</p> <p>2 A. Only for their segment of the meeting.</p> <p>3 Q. You don't know if this wasn't discussed at 4 their segment of the meeting, do you, as you sit here?</p> <p>5 A. I have no knowledge of it --</p> <p>6 Q. So it could have been; correct?</p> <p>7 A. I do not know.</p> <p>8 Q. Well, you know it was distributed in your 9 company, this PowerPoint from Walgreens University; 10 correct?</p> <p>11 A. I don't know if this was distributed to 12 the company.</p> <p>13 Q. Well, it was distributed to the people on 14 the -- in the -- who were attendees at the very least; 15 correct?</p> <p>16 MS. DESH: Objection. Calls for 17 speculation.</p> <p>18 A. Again, I can't speculate who got it on 19 the --</p> <p>20 Q. Good answer. She says speculate, you say 21 you can't speculate. Love it.</p> <p>22 MR. SHKOLNIK: Could you stop doing that, 23 please?</p> <p>24 Q. (By Mr. Shkolnik) Sir, from your custom</p>	<p style="text-align: right;">Page 137</p> <p>1 the prescriptions, and whatever else is at the store 2 level that's legally allowed to be shared would be very 3 important information for a manufacturer like Purdue so 4 they could monitor how much of their drugs are going 5 out into the field? Fair statement?</p> <p>6 MS. DESH: Objection to the form.</p> <p>7 A. I don't know what Purdue is doing with the 8 data, so again, I don't know what Purdue would do with 9 it. Maybe they're trying to understand what is going 10 on with their distribution channels. I don't know.</p> <p>11 Q. (By Mr. Shkolnik) Maybe they're also 12 trying to comply with their obligations for suspicious 13 order monitoring that manufacturers have as well? Is 14 that a possibility?</p> <p>15 A. Again, I don't know. I don't work for 16 Purdue. I don't know what they would have done with 17 the data.</p> <p>18 Q. Or not done with the data? Fair 19 statement?</p> <p>20 A. I have no -- exactly. I have no idea what 21 they would do with this information.</p> <p>22 MR. SHKOLNIK: Could we take a break, 23 please?</p> <p>24 THE VIDEOGRAPHER: We're off the record at</p>

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<p>1 11:50 AM.</p> <p>2 [A brief recess was taken.]</p> <p>3 THE VIDEOGRAPHER: We are back on the</p> <p>4 record at 12:00 PM.</p> <p>5 MR. SHKOLNIK: If we could put that doc</p> <p>6 back up, please.</p> <p>7 Now, just if we could also add to the back</p> <p>8 that list on the back of the transcript that we're</p> <p>9 requesting that all the data that's been made available</p> <p>10 to Purdue by Walgreens regarding purchases at the store</p> <p>11 level be made available to plaintiffs in this case. We</p> <p>12 have been unable to identify it in our search of the</p> <p>13 Walgreens productions to date.</p> <p>14 Q. (By Mr. Shkolnik) We could turn now to</p> <p>15 Bates numbered 2745, and this document has critical</p> <p>16 success factors. Success Factor Number 1, product</p> <p>17 demand and pull-through Walgreens Pharmacy.</p> <p>18 Are you familiar with that type of</p> <p>19 terminology in the sales of pharmaceuticals when it</p> <p>20 says product demand and pull-through Walgreens</p> <p>21 Pharmacy? Do you have any understanding what that</p> <p>22 would mean?</p> <p>23 A. I do not.</p> <p>24 Q. Is it possible that Purdue was hoping the</p>	<p>1 with Walgreens key executives, clinical personnel to</p> <p>2 support MTM/pain management. Do you know what MTM is,</p> <p>3 as a pharmacist?</p> <p>4 A. Yes.</p> <p>5 Q. What is it?</p> <p>6 A. Medication therapy management.</p> <p>7 Q. And pain management? Do you know what</p> <p>8 that means?</p> <p>9 A. Yes.</p> <p>10 Q. What's that?</p> <p>11 A. A pharmacist working with practitioners in</p> <p>12 the treatment of patient pain disorders.</p> <p>13 Q. Do you think it has some relationship with</p> <p>14 the opioids that Purdue sells?</p> <p>15 A. Potentially their products are used for</p> <p>16 pain.</p> <p>17 Q. Potentially their products are used for</p> <p>18 pain? That's a fair statement; correct?</p> <p>19 A. Correct. They're used for cancer, a lot</p> <p>20 of treatments.</p> <p>21 Q. A lot of treatments. How about abuse?</p> <p>22 A. No.</p> <p>23 Q. As you sit here today, sir, it's your</p> <p>24 testimony as a Pharm D, employee of Walgreens, that</p>
<p style="text-align: center;">Page 139</p> <p>1 outcome of the meeting with Walgreens was that its</p> <p>2 relationship developing and building with Walgreens is</p> <p>3 that its product would be demanded through the</p> <p>4 Walgreens stores and sold through the Walgreens stores?</p> <p>5 A. I do not know.</p> <p>6 Q. And the word product is referenced -- we</p> <p>7 could actually change that word -- that opioid demand</p> <p>8 and pull-through Walgreens Pharmacy was one of the</p> <p>9 goals that Purdue had at meeting with your people at</p> <p>10 Walgreens in November of 2017? Is that another way</p> <p>11 that that could be said?</p> <p>12 A. Not from my viewpoint. I don't know what</p> <p>13 they mean by product demand.</p> <p>14 Q. Well, I mean, their product is opioids;</p> <p>15 correct?</p> <p>16 A. They have various products under their</p> <p>17 company umbrella. I don't know what they're referring</p> <p>18 to.</p> <p>19 Q. So maybe this meeting had nothing to do</p> <p>20 with the opioids that they had been selling for</p> <p>21 decades, that that's not the product, you think maybe</p> <p>22 they're not talking about that?</p> <p>23 A. I don't know. I wasn't at the meeting.</p> <p>24 Q. Success Factor 3, continued collaboration</p>	<p style="text-align: center;">Page 141</p> <p>1 OxyContin produced by Purdue has not been utilized as a</p> <p>2 drug of abuse leading to this epidemic?</p> <p>3 MS. DESH: Objection to the form.</p> <p>4 Q. (By Mr. Shkolnik) Yes or no?</p> <p>5 A. Their product is not created for abuse.</p> <p>6 Their product is used for patients to treat pain due to</p> <p>7 whatever various sources leading to that creation of</p> <p>8 pain.</p> <p>9 Q. (By Mr. Shkolnik) I don't think I ever</p> <p>10 said in my question that their product is created for</p> <p>11 abuse. I didn't say that to you, sir. My question is</p> <p>12 very straightforward.</p> <p>13 As you sit here today, sir, is it your</p> <p>14 testimony as a Pharm D, employee of Walgreens, and</p> <p>15 executive at Walgreens that OxyContin produced by</p> <p>16 Purdue has not been utilized as a drug of abuse leading</p> <p>17 to the opioid epidemic?</p> <p>18 MS. DESH: Objection.</p> <p>19 Q. (By Mr. Shkolnik) That was my question.</p> <p>20 Yes or no?</p> <p>21 MS. DESH: Objection. Form.</p> <p>22 A. I cannot say that has not been abused or</p> <p>23 misused by an individual.</p> <p>24 Q. (By Mr. Shkolnik) How about by a lot of</p>

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<p>1 individuals?</p> <p>2 MS. DESH: Same objection.</p> <p>3 A. Again, I cannot say. I mean, an</p> <p>4 individual can choose to do what they want once they</p> <p>5 receive a prescription.</p> <p>6 Q. (By Mr. Shkolnik) So the pharmacies have</p> <p>7 no -- the pharmacies have absolutely no role in the</p> <p>8 potential for abuse of opioids, prescription opioids;</p> <p>9 is that your testimony?</p> <p>10 A. No potentiation of abuse, no.</p> <p>11 Q. Pharmacists can never be at fault for the</p> <p>12 release of opioids that leads to abuse? They cannot</p> <p>13 be?</p> <p>14 A. I would never use the word cannot, but</p> <p>15 again, pharmacists fill prescriptions for patients that</p> <p>16 have a clinical need and it's a legitimate</p> <p>17 prescription.</p> <p>18 Q. Don't pharmacists also fill prescriptions</p> <p>19 sometimes that -- withdraw that. You're aware that</p> <p>20 your company was found by the DEA to be filling</p> <p>21 prescriptions that were clear -- that were -- that were</p> <p>22 inappropriate out of its stores in Florida. You're</p> <p>23 aware of that, aren't you?</p> <p>24 MS. DESH: Objection to the form.</p>	<p>1 appropriately prescribed them?</p> <p>2 MS. DESH: Objection.</p> <p>3 Q. (By Mr. Shkolnik) Is that your statement?</p> <p>4 MS. DESH: Objection to the form.</p> <p>5 A. No, we fill for appropriate legitimate</p> <p>6 reason prescriptions.</p> <p>7 Q. (By Mr. Shkolnik) When thousands of</p> <p>8 patients went into pharmacies in Florida in communities</p> <p>9 with 3,000 residents and most of those pharmacies --</p> <p>10 most of those patients had addresses in Tennessee and</p> <p>11 Ohio and West Virginia and Kentucky, and they came to</p> <p>12 the stores every 30 days to fill prescriptions for</p> <p>13 high-dose opioids, that would be appropriate?</p> <p>14 MS. DESH: Objection, calls for</p> <p>15 speculation.</p> <p>16 A. I don't know all the factors leading to</p> <p>17 what was filled or dispensed at those stores. I was</p> <p>18 not there.</p> <p>19 Q. (By Mr. Shkolnik) Apparently the DEA was</p> <p>20 down there and evaluated them; correct?</p> <p>21 A. Per the DEA's statements.</p> <p>22 Q. Is it your opinion the DEA lies when they</p> <p>23 says stores inappropriately fill prescriptions,</p> <p>24 whenever they say that?</p>
<p style="text-align: center;">Page 143</p> <p>1 A. Again, that's the DEA's statement.</p> <p>2 Q. (By Mr. Shkolnik) So the DEA was wrong</p> <p>3 when they said the Florida stores that were shut down</p> <p>4 were distributing pills in violation of law?</p> <p>5 MS. DESH: Same objection.</p> <p>6 Q. (By Mr. Shkolnik) Is that your opinion,</p> <p>7 sir?</p> <p>8 A. Again, I cannot speak for the DEA if</p> <p>9 that's right or wrong, but that's just the statement</p> <p>10 that the DEA made.</p> <p>11 Q. (By Mr. Shkolnik) Were they right or</p> <p>12 wrong when they said your pharmacies should be shut</p> <p>13 down for inappropriate sales of opioids?</p> <p>14 MS. DESH: Same objection.</p> <p>15 A. Again, that's their statement and they're</p> <p>16 impeding patient care.</p> <p>17 Q. (By Mr. Shkolnik) I'm sorry?</p> <p>18 A. That's their statement, and it's also</p> <p>19 impeding patient care when our sites -- our locations</p> <p>20 are shut down.</p> <p>21 Q. So as a licensed pharmacist, even if some</p> <p>22 percentage of the drugs go through -- go out into</p> <p>23 inappropriate channels, the ends justify the means as</p> <p>24 long as there's pills available for the people who are</p>	<p style="text-align: center;">Page 145</p> <p>1 A. No.</p> <p>2 Q. Do you believe the DEA actually tried to</p> <p>3 help prevent diversion of drugs? Do you believe that?</p> <p>4 A. That's one of the agency's goals I know</p> <p>5 that they list on their own website.</p> <p>6 Q. You've searched that website to find out</p> <p>7 what the DEA does?</p> <p>8 A. I use it on occasion, yes.</p> <p>9 Q. For --</p> <p>10 A. Just pull out the pharmacist's manual on</p> <p>11 the DEA website, practitioners, who can prescribe in</p> <p>12 different states.</p> <p>13 Q. I guess let me just get your opinion on</p> <p>14 this one. Was the DEA wrong when it took action</p> <p>15 against your company in 2011, 2012, and into 2013?</p> <p>16 MS. DESH: Objection to the form.</p> <p>17 A. Again, I can't say that the DEA is right</p> <p>18 or wrong. The DEA chooses to do their actions of what</p> <p>19 they want to do.</p> <p>20 Q. (By Mr. Shkolnik) If the DEA action in</p> <p>21 any way impeded the distribution of opioids, OxyContin,</p> <p>22 oxycodone, oxymorphone, fentanyl, if the DEA action</p> <p>23 impeded the distribution of those drugs back in 2011,</p> <p>24 2012, and 2013, when they took action against</p>

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<p>1 Walgreens, do you think that was inappropriate?</p> <p>2 MS. DESH: Same objection.</p> <p>3 A. Again, I can't speak for the DEA's actions</p> <p>4 and what they choose to do. That's -- they're a</p> <p>5 government agency; they chose to do what they wanted to</p> <p>6 do.</p> <p>7 Q. (By Mr. Shkolnik) My question was by</p> <p>8 taking action, if it impeded the sale of prescription</p> <p>9 opioids -- oxycodone, OxyContin, oxymorphone,</p> <p>10 fentanyl -- would that be inappropriate from your</p> <p>11 standpoint?</p> <p>12 MS. DESH: Same objection.</p> <p>13 A. Again, that impacts the patients who need</p> <p>14 medications and have a legitimate cause and a</p> <p>15 legitimate need for that medication. Unfortunately it</p> <p>16 harms patients as well as potentially makes it</p> <p>17 challenging to take care of people who really, really</p> <p>18 need these prescriptions to live day-to-day.</p> <p>19 Q. (By Mr. Shkolnik) And it also helps</p> <p>20 protect opioids such as OxyContin, oxycodone,</p> <p>21 oxymorphone, fentanyl from getting in the hands of</p> <p>22 people who abuse them, if you're inappropriately</p> <p>23 dispensing and distribute them; correct?</p> <p>24 A. Again, I don't know if that would lead</p>	<p>1 guidelines as a distributor?</p> <p>2 A. I never worked on the distribution side of</p> <p>3 the Walgreens business, but again, it would be the same</p> <p>4 as for a pharmacy. We abide by state and federal</p> <p>5 regulations.</p> <p>6 Q. Well, you actually were on the side of</p> <p>7 distribution when you were in RX Integrity because you</p> <p>8 were responsible for either thumbs up, approve, or</p> <p>9 thumbs down, kill, orders that came across your desk;</p> <p>10 correct?</p> <p>11 A. I don't define our team as a distributor.</p> <p>12 Q. RX -- just so it's clear, when RX</p> <p>13 Integrity came into existence, it was your belief that</p> <p>14 you were not playing a role of administering suspicious</p> <p>15 order monitoring compliance at a distributor level?</p> <p>16 A. We worked in conjunction with our</p> <p>17 distributor, our distribution facility.</p> <p>18 Q. When you say in conjunction with, did you</p> <p>19 implement SOM for distribution, or did you implement it</p> <p>20 for stores?</p> <p>21 A. For distribution.</p> <p>22 Q. So you were at the distributor level;</p> <p>23 correct?</p> <p>24 A. If that's your interpretation, I --</p>
<p>1 to -- your statement, sir.</p> <p>2 Q. What's the purpose for suspicious order</p> <p>3 monitoring?</p> <p>4 A. Our purpose is to make sure that we are</p> <p>5 meeting any guidelines, regulatory guidelines that are</p> <p>6 out there set by DEA, meeting our due diligence.</p> <p>7 Q. But why? Why do you do that? Why do you</p> <p>8 have to meet those guidelines and regulatory</p> <p>9 guidelines, using your words?</p> <p>10 A. It's a regulation.</p> <p>11 Q. What was the purpose of the regulations?</p> <p>12 MS. DESH: Objection. Calls for</p> <p>13 speculation.</p> <p>14 A. Again, I'm not -- I can't explain why the</p> <p>15 DEA created those regs or what they're for, but that's,</p> <p>16 again, they're regulations and we as a pharmacy follow</p> <p>17 federal and state regulations around dispensing</p> <p>18 prescriptions.</p> <p>19 Q. (By Mr. Shkolnik) Well, you were actually</p> <p>20 a distributor, so you had to follow the DEA regulations</p> <p>21 as a distributor, which had nothing to do with directly</p> <p>22 handing the pills to the customer; fair statement?</p> <p>23 A. We were also a distributor, yes.</p> <p>24 Q. And why were you required to follow the</p>	<p>1 distributor to me is a facility and entity that</p> <p>2 packages, ships, transmits drugs, transfers drugs.</p> <p>3 Q. I think you're playing with semantics</p> <p>4 here, sir. Was SOM, the Integrity program implemented</p> <p>5 by RX Integrity, implemented at the distributor level</p> <p>6 in Walgreens up until you shut down the distribution</p> <p>7 and gave up the licenses?</p> <p>8 MS. DESH: Objection to the form.</p> <p>9 A. As part of the distribution process, yes.</p> <p>10 Q. (By Mr. Shkolnik) So RX Integrity was</p> <p>11 applied to the distribution of opioids while you were</p> <p>12 there; correct?</p> <p>13 A. Yes, of controlled substances.</p> <p>14 Q. Was the -- was RX Integrity also</p> <p>15 applied -- your group's work -- to the store level --</p> <p>16 I'm not going to say distribution -- sale of opioids,</p> <p>17 C-II, C-V as well?</p> <p>18 A. The ordering of a controlled substance.</p> <p>19 Q. So when you say ordering of, that's</p> <p>20 ordering from distributors; correct?</p> <p>21 A. Correct.</p> <p>22 Q. So your job was to evaluate both the order</p> <p>23 from the store and the fulfillment at the distribution</p> <p>24 side, were you not?</p>

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<p>1        A. At the store side is where we intervened, 2 and when we had our own distributors it was based on 3 the actions that we took. Distributors have their own 4 additional monitoring on top of what we do.</p> <p>5        Q. No -- up until 2014, you were your 6 distributor, unless you went to your outside vendor for 7 certain additional or fill-in work; correct?</p> <p>8        A. Correct.</p> <p>9        Q. When you were a distributor, you were 10 applying the SOM processes at the store level, when 11 they purchased, and at the distribution level when it 12 distributed? Fair statement?</p> <p>13       A. Correct, the ordering, and then the sale 14 from our warehouse to the store, yes.</p> <p>15       Q. So it was -- the decision was either to 16 fill or kill an order; correct?</p> <p>17       MS. DESH: Objection to the form.</p> <p>18       Q. (By Mr. Shkolnik) You've heard that 19 phrase, haven't you?</p> <p>20       A. Not fill or kill, no.</p> <p>21       Q. Never heard that?</p> <p>22       A. Not in the context of RX Integrity, no.</p> <p>23       Q. Was that something that Cardinal Health 24 was -- was that a procedure they were using and they</p>	<p>1 support MTM/pain management.</p> <p>2        If I'm reading that correctly, they want 3 to have a close relationship with the executives of 4 Walgreens to support basically the sale of their pain 5 management medications through the Walgreens 6 distribution -- I'm sorry, pharmacy -- pharmacies; 7 correct?</p> <p>8        A. Again, I don't know if the statement -- 9 what products they're referring to or what this is 10 about. I don't know.</p> <p>11       Q. What is Walgreens health care supervisors?</p> <p>12       A. I -- that term we don't use at Walgreens.</p> <p>13 I mean, we just -- we call them a health care 14 supervisor. I think that's the same person that we 15 discussed earlier that's in the field.</p> <p>16       Q. Have you had any direct relation -- direct 17 contact with Purdue?</p> <p>18       A. Not that I can think of over my years, not 19 that I can recall.</p> <p>20       Q. You know, I know it's only been a short 21 period. Can we just -- let's take our lunch break now. 22 I just want to just move on to something else. I think 23 it's a good time.</p> <p>24       THE VIDEOGRAPHER: We are off the record</p>
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<p>1 told you about?</p> <p>2        A. The terminology -- we either fill an order 3 or we cancel an order.</p> <p>4        Q. No, you actually filled -- you actually 5 reduced, filled, or canceled, depending upon the time 6 frame; correct?</p> <p>7        A. Correct.</p> <p>8        Q. Were you aware that the DEA said it was 9 inappropriate to reduce orders that were made?</p> <p>10       A. I don't recall.</p> <p>11       Q. No one ever told you about it?</p> <p>12       A. I'm not saying that. I just can't recall.</p> <p>13       Q. As you sit here today as having been a 14 member of the team established to put the word out and 15 centralize suspicious order monitoring, were you aware 16 that it was inappropriate for the company to take an 17 order that was violating tolerance or violating 18 ceiling, and reduce it and fill that reduced order?</p> <p>19 Were you ever made aware of that?</p> <p>20       MS. DESH: Objection to the form.</p> <p>21       A. I can't recall.</p> <p>22       Q. (By Mr. Shkolnik) So the last success 23 factor we have here, continued collaboration with 24 Walgreens key executives, clinical personnel, and to</p>	<p>1 at 12:19 PM.</p> <p>2        [A recess was taken.]</p> <p>3        THE VIDEOGRAPHER: We are back on the 4 record at 1:01 PM.</p> <p>5        Q. (By Mr. Shkolnik) Mr. Dymon, I'm going to 6 hand you a document I've marked as -- or Chelsea has 7 marked as Exhibit 2.</p> <p>8        [Exhibit Walgreens-Dymon-002 9 marked for identification.]</p> <p>10       MR. SHKOLNIK: I'll give it to counsel.</p> <p>11       Q. (By Mr. Shkolnik) Exhibit 2 is Bates 12 number 0065927. It's a Walgreens document. It's an 13 e-mail on top, 12-16-2012, Tasha Polster to Dan Doyle.</p> <p>14 Do you know who Mr. Doyle is?</p> <p>15       A. Yes.</p> <p>16       Q. Who is Dan Doyle?</p> <p>17       A. He is one of the heads of finance at 18 Walgreens.</p> <p>19       Q. And when the team was coming together 20 for -- the new RX Integrity team was coming together, 21 was part of the process getting funding for it and 22 coming up with plans for who -- what the team should 23 consist of, what the roles of the people are, and how 24 to fund it?</p>

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<p>1        A. Yes.</p> <p>2        Q. Were you part of that decision-making</p> <p>3 process, or had it already gone into place by the time</p> <p>4 you joined the team?</p> <p>5        A. It had already gone into place.</p> <p>6        Q. So here we have in this e-mail -- a</p> <p>7 portion of it is redacted as attorney-client privilege,</p> <p>8 attorney work product, signed by Tasha Polster. I</p> <p>9 think it says thanks and be well, Tasha.</p> <p>10       Going down below, it appears that she's</p> <p>11 giving a -- sort of a background into why business --</p> <p>12 I'm sorry, why RX Integrity group should be</p> <p>13 established, and to support the request for funding.</p> <p>14       Do you recall ever seeing a copy of this</p> <p>15 e-mail?</p> <p>16       A. Not that I can recall.</p> <p>17       Q. Well, in the first part, DEA has alleged</p> <p>18 that Walgreens's suspicious order monitoring program</p> <p>19 for controlled substances is inadequate and has taken</p> <p>20 aggressive enforcement actions against three Florida</p> <p>21 pharmacies and the Jupiter distribution center. Were</p> <p>22 you aware of that?</p> <p>23       A. When I joined the team, yes.</p> <p>24       Q. So you beca -- at that point you became</p>	<p>1 what were we doing in Walgreens to comply with</p> <p>2 suspicious order monitoring that the DEA was now</p> <p>3 claiming was inadequate?</p> <p>4       A. Not that I can recall.</p> <p>5       Q. Did anyone tell you this is the system we</p> <p>6 had in place, whatever it was, and we don't believe it</p> <p>7 was inadequate?</p> <p>8       A. Not that I can recall.</p> <p>9       Q. Did you yourself say maybe I should learn</p> <p>10 what the system was that we're trying to change or</p> <p>11 enhance before we embark upon our work?</p> <p>12       A. A basic understanding of what the system</p> <p>13 was.</p> <p>14       Q. Well, the basic understanding of what was</p> <p>15 being utilized -- withdraw that. As you sit here</p> <p>16 today, what system was being relied upon? I mean, tell</p> <p>17 us. I mean, I'm a little confused.</p> <p>18       A. The order monitoring system that was in</p> <p>19 place at that time.</p> <p>20       Q. Was that the system based upon Mr.</p> <p>21 Bancroft's (ph) algorithm?</p> <p>22       A. I don't know who worked on creating the</p> <p>23 system.</p> <p>24       Q. Were you aware of any system that was in</p>
<p style="text-align: center;">Page 155</p> <p>1 aware DEA alleged that the suspicious order monitoring</p> <p>2 program that was in place at the time -- DEA was</p> <p>3 claiming that it was inadequate; correct?</p> <p>4       A. From what I recall, yes.</p> <p>5       Q. What was the SOM monitoring program that</p> <p>6 was in effect at the time that was actually being</p> <p>7 reported to the DEA when this occurred?</p> <p>8       A. I do not know.</p> <p>9       Q. Were you aware of a system that was based</p> <p>10 upon the Chemical Handler's Manual where three times a</p> <p>11 certain amount of store sales would trigger a report</p> <p>12 that was then reported on a monthly basis to the DEA?</p> <p>13       A. I do not know.</p> <p>14       Q. Did anyone ever tell you that there was a</p> <p>15 system in place, the SOM, suspicious order monitoring</p> <p>16 procedure in place before RX Integrity took over -- up</p> <p>17 until the end of 2012, was based upon a multiplier of</p> <p>18 three drawn from the Chemical Handler's Manual?</p> <p>19       A. I do not know.</p> <p>20       Q. Do you know when you joined the team what</p> <p>21 system was in place for reporting to the DEA suspicious</p> <p>22 orders?</p> <p>23       A. I do not know.</p> <p>24       Q. Did you take any steps to try to determine</p>	<p style="text-align: center;">Page 157</p> <p>1 use from 2006 till 2012, the end of 2012, that was the</p> <p>2 suspicious order monitoring program?</p> <p>3       A. I'm aware of a system that they had in</p> <p>4 place for that, but that's the extent of my knowledge.</p> <p>5 I don't know anything beyond that.</p> <p>6       Q. Did you know they were running two systems</p> <p>7 at that time?</p> <p>8       A. I have no knowledge of that. I don't</p> <p>9 know.</p> <p>10       Q. Did you ever hear of the Chemical</p> <p>11 Handler's Manual?</p> <p>12       A. Not that I can recall.</p> <p>13       Q. Did you ever hear of the DEA three times</p> <p>14 factor from the Chemical Handler's Manual -- that</p> <p>15 phrase ever utilized in any fashion when you were doing</p> <p>16 your kind of due diligence, learning what you're doing,</p> <p>17 part of your job when you entered RX Integrity?</p> <p>18       A. I can't recall.</p> <p>19       Q. In addition to the actions against their</p> <p>20 registrations, DEA is demanding civil penalties,</p> <p>21 potentially totaling hundreds of millions of dollars.</p> <p>22 The DEA has confirmed that additional regulatory</p> <p>23 actions are pending against other Walgreens facilities</p> <p>24 due to the issues uncovered in the current</p>

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<p>1 investigation.</p> <p>2        Were you told when you joined the team not 3 only would DEA allege that the suspicious order 4 monitoring for controlled substances was inadequate and 5 they they had taken actions against three pharmacies 6 and Jupiter distribution center, but that the DEA 7 had -- also had pending actions against the other 8 distribution facilities?</p> <p>9        MS. DESH: Objection. Misstates the 10 document.</p> <p>11       A. Not that I can recall. I mean, there was 12 investigative activity by the DEA at the time, but 13 that's as much as I can recollect.</p> <p>14       Q. I mean, if all three of the distribution 15 centers had been shut down by the DEA, would that have 16 been a problem for Walgreens?</p> <p>17       MS. DESH: Objection. Calls for 18 speculation.</p> <p>19       Q. (By Mr. Shkolnik) And when I say shut 20 down, I mean as to controlled substances distribution, 21 just so you're aware.</p> <p>22       MS. DESH: Same objection.</p> <p>23       A. Again, potentially, maybe. If we are not 24 able to fill patients' prescriptions, we wouldn't be</p>	<p>1       Q. Oh, so some insurance companies could only 2 use Walgreens versus CVS or Rite Aid or Walmart or 3 Kroger's? Is that the issue, it's depending on your 4 pharmacy -- I mean, your pharmacy benefit plan?</p> <p>5       A. Correct.</p> <p>6       Q. Oh. Do you have a lot of -- this is your 7 area, I think. Do you have a lot of pharmacy benefit 8 plans that only let the customers, the clients use 9 Walgreens versus CVS or Kroger's or Rite Aid?</p> <p>10       A. It's not my area, that's on our 11 contracting team, but there are various plans that 12 limit pharmacy access.</p> <p>13       Q. One option for many patients would be just 14 going to a competitor if your company is shut down for 15 violating the law; correct?</p> <p>16       A. The patient has the right to choose to go 17 where they want to, yes.</p> <p>18       Q. And there's many places across the country 19 where you could find a Rite Aid across the street or 20 across the parking lot from a Walgreens; correct?</p> <p>21       A. I mean, pharmacies are by each other -- I 22 don't know the exact location, but there are pharmacies 23 all in a similar vicinity.</p> <p>24       Q. Now, it goes on to say in response to the</p>
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<p>1 able to serve patients.</p> <p>2       Q. Well, patients could go to other 3 pharmacies, couldn't they --</p> <p>4       A. Correct.</p> <p>5       Q. -- who may have been complying with the 6 law?</p> <p>7       A. They can go to other pharmacies. I can't 8 speak to how those pharmacies run their compliance.</p> <p>9       Q. But the mere fact that Walgreens can't 10 sell them their opioids doesn't mean a patient can't go 11 to CVS or Rite Aid, which may be across the street; 12 correct?</p> <p>13       A. Correct.</p> <p>14       Q. So when you said earlier this morning that 15 when the DEA took action that that prevented patients 16 from getting pills, that may not be the case if there 17 is a competitor across the street or a block away or 18 two blocks away; correct?</p> <p>19       A. Depending. There's a lot of factors that 20 come into play on that.</p> <p>21       Q. Your competitors would be happy to pick up 22 your customers that you lose; fair statement?</p> <p>23       A. They may not actually be able to pick up 24 those customers due to insurance coverage.</p>	<p>1 company -- in response the company has enhanced its 2 suspicious order monitoring program for controlled 3 substances in an effort to convince the DEA that the 4 proposed penalty is excessive and that our new 5 processes will ensure that similar incidents do not 6 occur.</p> <p>7       When you sat with Ms. Polster and you 8 joined the team, did she tell you that that was one of 9 the goals of what you were supposed to be doing when 10 you took on the job in RX Integrity?</p> <p>11       A. Yes, that we'd be working on a suspicious 12 order monitoring program.</p> <p>13       Q. That in an effort to convince the DEA that 14 the proposed penalty is excessive and that your new 15 processes will ensure that the similar incidents do not 16 recur? Did she tell you that as well?</p> <p>17       A. I do not remember.</p> <p>18       Q. Isn't it a fair statement that Walgreens 19 recognized they had problems with their suspicious 20 order monitoring processes, and in order to avoid 21 bigger fines and in order to avoid bigger penalties 22 such as shutdowns, they wanted to change the processes 23 so similar incidents do not recur?</p> <p>24       MS. DESH: Objection --</p>

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<p>1 Q. (By Mr. Shkolnik) Isn't that a fair 2 statement?</p> <p>3 MS. DESH: Objection to the form.</p> <p>4 A. I think the system evolves again over 5 time, and this is just the evolution of the order 6 monitoring system.</p> <p>7 Q. (By Mr. Shkolnik) She never said 8 evolution of a suspicious order monitoring program. 9 She said that they are doing this to convince the 10 DEA -- they're changing the system, they're enhancing 11 it to convince the DEA that the new processes will 12 ensure that similar incidents do not recur.</p> <p>13 That's what she said to the -- Mr. Doyle. 14 Was he the head of finance for Walgreens?</p> <p>15 A. He's in a finance role, yes. He was the 16 head; correct.</p> <p>17 Q. She wouldn't be lying to the head of 18 finance when she's seeking funding for RX Integrity, 19 would she?</p> <p>20 A. No, her integrity would not come into 21 question like that.</p> <p>22 Q. I mean, if she's telling him we're 23 changing -- we're putting in new processes to ensure 24 similar incidents do not occur, and I need funding for</p>	<p>1 believe currently he's the VP of finance.</p> <p>2 Q. Finance. The updated suspicious order 3 monitoring program is currently being piloted. Did you 4 know when you joined the team that there was a -- that 5 there was a system that was being, quote, piloted at 6 the time, and that that was not the system that had 7 been in place from 2006 to 2012 for the purposes of 8 reporting to the DEA?</p> <p>9 A. Not that I can recall.</p> <p>10 Q. Did anyone ever tell you that there was a 11 system in place right up until the time you joined that 12 was being utilized to report to the DEA on a monthly 13 basis orders that were deemed suspicious by burning 14 them onto a CD and mailing them to the DEA offices 15 across the country? Did they tell you that that was 16 the SOM policy in place at Walgreens before your RX 17 Integrity took over?</p> <p>18 A. Not that I can recall.</p> <p>19 Q. Did anyone tell you that they were 20 piling -- piloting a second system for SOM compliance 21 while they were still relying upon a different system 22 for reporting to the DEA?</p> <p>23 A. Not that I can recollect.</p> <p>24 Q. If we can continue on with this. Once</p>
<p style="text-align: center;">Page 163</p> <p>1 it, she was being honest, straightforward, and telling 2 the truth; correct?</p> <p>3 MS. DESH: Objection to the form.</p> <p>4 A. Again, I believe anything Ms. Polster says 5 is true and with utmost integrity in her presentations.</p> <p>6 Q. (By Mr. Shkolnik) And if she said that 7 their new processes will ensure that similar incidents 8 do not occur -- if that was her stated goal and that 9 she was trying to convince the DEA of that, you would 10 believe that she was being honest to the DEA as well; 11 correct?</p> <p>12 A. Again, yes, she speaks with honesty and 13 integrity in what she does.</p> <p>14 Q. And she joined this team and took over 15 this new team with the goal of making sure this does 16 not recur? Fair statement?</p> <p>17 A. That this does not recur, to address any 18 concerns, and to continually develop as we learn more 19 and more throughout the processes in time.</p> <p>20 Q. Now she goes on and says -- she goes on in 21 this report -- now, would he be director of finance, 22 chief of finance, treasurer, some -- was there a name 23 back then?</p> <p>24 A. I am not sure of his title at the time. I</p>	<p style="text-align: center;">Page 165</p> <p>1 turned on for all controlled medications nationwide, it 2 is expected to generate thousands of orders of interest 3 per week. These orders of interest will require review 4 prior to allowing the drugs to be shipped to our 5 pharmacies.</p> <p>6 Did -- were you aware that there was a 7 requirement from the Controlled Substances Act and the 8 DEA that prevented Walgreens from shipping an order if 9 it had been deemed suspicious under its algorithm? Did 10 you know that?</p> <p>11 MS. DESH: Objection to the form.</p> <p>12 A. Not at that time, I don't think I was 13 aware of it, no.</p> <p>14 Q. (By Mr. Shkolnik) At any time did you 15 ever become aware of it?</p> <p>16 A. I can't recall.</p> <p>17 Q. Have you ever heard of the do not ship 18 requirement under the Controlled Substances Act?</p> <p>19 A. I cannot recall that.</p> <p>20 Q. When she says -- when I say -- I 21 apologize -- when Ms. Polster says the orders of 22 interest will all require review prior to allowing 23 drugs to be shipped to our pharmacy, did you have any 24 understanding what was meant by that?</p>

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<p>1       A. Not at this time. I wasn't in the 2 corporate environment when this was written, so I 3 wouldn't have known at this time.</p> <p>4       Q. Well, you joined a month later?</p> <p>5       A. Correct.</p> <p>6       Q. When you got there, I'm sure she gave you 7 some onboarding information, did she not?</p> <p>8       A. General high level, yes.</p> <p>9       Q. And did she tell you like she told the 10 director of finance once turned on for controlled 11 medications nationwide, it is expected to generate 12 thousands of orders of interest per week. These orders 13 of interest will all require review prior to allowing 14 drugs to be shipped to pharmacies.</p> <p>15       Did she tell you in sum or substance that 16 that's one of the things that your job entailed, that 17 you're overseeing this type of a new process?</p> <p>18       A. Yes, that we'd be working in orders of 19 interest.</p> <p>20       Q. And the orders of interest could not be 21 shipped until someone either gave it the thumbs up or 22 the thumbs down, the yes or no; correct?</p> <p>23       A. Correct.</p> <p>24       Q. And did she tell you that the system in</p>	<p>1       Q. Was this -- was there a place called the 2 war room where Mr. Mills worked?</p> <p>3       A. I believe that was prior to the RX 4 Integrity team, yes.</p> <p>5       Q. So that was in -- it was in December he 6 was working in the war room; correct?</p> <p>7       A. I do not know. I was never involved in 8 that.</p> <p>9       Q. Did you ever hear from Mr. Mills or Ms. 10 Polster that there was such high numbers of suspicious 11 orders or orders of interest generated while they were 12 in the war room that they didn't have enough people to 13 review them all and that they were getting shipped 14 anyway?</p> <p>15       A. Not that I can recall.</p> <p>16       Q. Would that have been appropriate if that 17 was occurring?</p> <p>18       A. Again, I don't know what they were doing 19 at that time in the war room.</p> <p>20       Q. I'm not asking you what you knew. If the 21 process in place had generated so many suspicious 22 orders, and that they were unable to review them quick 23 enough, and they were being shipped anyway, from what 24 you learned when you joined the team, would that have</p>
<p style="text-align: center;">Page 167</p> <p>1 place prior to being taken over by RX Integrity was 2 that orders could be shipped even though they hadn't 3 been -- each one had not been reviewed? Did she tell 4 you that?</p> <p>5       A. I do not recall.</p> <p>6       Q. Did anyone ever tell you it would be a 7 violation of the law to ship suspicious orders?</p> <p>8       MS. DESH: Objection to the form.</p> <p>9       A. Not that I can recall.</p> <p>10       Q. Without adequate resources to review these 11 orders the program will not have the necessary impact. 12 The DEA would view this as further failure of our 13 internal processes which could potentially result in 14 additional pharmacies and distribution centers being 15 subjected to regulatory actions and ultimately 16 prohibited from handling controlled substances.</p> <p>17       Did she ever give you that bit of 18 information when you joined the team approximately less 19 than a month later?</p> <p>20       A. I cannot recall.</p> <p>21       Q. Did you -- when you joined the team in 22 January of 2013, did you work in a location that was 23 referred to sometimes as the war room?</p> <p>24       A. No.</p>	<p style="text-align: center;">Page 169</p> <p>1 been good or bad practice?</p> <p>2       MS. DESH: Objection to the form.</p> <p>3       A. I don't know what they were doing if they 4 weren't able to review them in time. I don't know.</p> <p>5       Q. (By Mr. Shkolnik) I'm not asking you what 6 you know what they did. I'm saying assuming that's 7 what they did, assuming so many came in, they didn't 8 have the people and the time and the resources to 9 review every suspicious order that came in before they 10 were shipped, would that have been an appropriate 11 practice based upon the training you received, sir, as 12 being one of the founding members of RX Integrity?</p> <p>13       MS. DESH: Objection to the form.</p> <p>14       A. I can't speculate as -- make an assumption 15 of what they did or didn't do at that time because I 16 don't know what they did.</p> <p>17       Q. (By Mr. Shkolnik) I'm not asking you --</p> <p>18       A. I did not ship the order at all. I don't 19 know what they did.</p> <p>20       Q. I'm not asking you to know what they did. 21 I'm allowed to ask you assumptions based upon testimony 22 of other witnesses that worked with you at that time; 23 okay? And the assumption is that they were working in 24 the war room -- I want you to assume this -- and they</p>

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<p>1 were so many suspicious orders coming in, they didn't      2 have the people, time, or resources to review them all      3 before shipping.</p> <p>4 That -- assuming that as being a fact,      5 based upon what you learned about proper procedures,      6 was that appropriate or not?</p> <p>7 MS. DESH: Objection to the form.</p> <p>8 Misstates the record.</p> <p>9 A. Again, I do not know what they did at the      10 time and don't know what appropriate actions they did      11 or did not take regarding those orders.</p> <p>12 Q. (By Mr. Shkolnik) Are you having a      13 problem understanding my English? Is that -- am I just      14 not speaking the same language here? I'm asking you to      15 assume a set of facts. Assume a fact for me, please,      16 sir, and I'm allowed to do that and you're allowed to      17 answer it.</p> <p>18 Assume that they were receiving so many      19 suspicious orders in the war room that they didn't have      20 the resources, meaning the people, and time to review      21 them before they were shipped. If they were shipped      22 without review, was that appropriate practice based      23 upon what you knew when you came into the team and you      24 were onboarded?</p>	<p>1 question.</p> <p>2 A. It may or may have not. I don't know the      3 circumstances of what they did.</p> <p>4 Q. (By Mr. Shkolnik) If the computer program      5 that was running in 2013 generated a suspicious -- I'm      6 sorry -- a order of interest -- I'll use her words from      7 this -- and for whatever reason, whether they were too      8 busy, overworked, not enough resources, or they were      9 out to lunch -- I don't care -- if it wasn't reviewed      10 before it was shipped to a pharmacy, violation or      11 appropriate, during your time?</p> <p>12 MS. DESH: Objection to the form.</p> <p>13 A. During my time we wouldn't allow that      14 order to proceed.</p> <p>15 Q. (By Mr. Shkolnik) Sir, I'm asking you a      16 question, if it was allowed to proceed during the time      17 you were there, was that a violation or not. What      18 problem are you having with my question?</p> <p>19 A. I was not involved in this war room or at      20 this time, so --</p> <p>21 Q. In 2013, you were there?</p> <p>22 A. Not in the war room, sir.</p> <p>23 Q. Who was in the war room?</p> <p>24 A. I don't even know what the war room was.</p>
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<p>1 MS. DESH: Objection to the form. Asked      2 and answered.</p> <p>3 MR. SHKOLNIK: It wasn't answered.</p> <p>4 A. Again, I don't -- I don't know what they      5 were doing at the time. I don't know if that met      6 regulations at the time. I do not know what they were      7 doing in that war room at that time.</p> <p>8 Q. (By Mr. Shkolnik) Would they have met      9 regulations in 2013 when you joined the team?</p> <p>10 MS. DESH: Objection.</p> <p>11 Q. (By Mr. Shkolnik) If they had not      12 reviewed them before they shipped?</p> <p>13 A. 2013, we were already reviewing orders      14 with our systems. If they weren't, I don't know what      15 that would mean for them.</p> <p>16 Q. (By Mr. Shkolnik) I'm not asking you what      17 it means for them. Sir, if anyone in RX Integrity did      18 not review an order before it was shipped, would that      19 have been appropriate?</p> <p>20 MS. DESH: Same objection. Asked and      21 answered.</p> <p>22 A. Again, may or may --</p> <p>23 MR. SHKOLNIK: It's a different question.</p> <p>24 It wasn't asked and answered. Completely different</p>	<p>1 It's a room. I never partook in any of that activity.</p> <p>2 I don't know.</p> <p>3 Q. Okay. Let's go back to the question I      4 asked. You're the one who threw in the war room this      5 time. I simply said if any order of interest came in      6 into RX Integrity that for whatever reason was not      7 reviewed and it was allowed to be shipped, would it be      8 a violation?</p> <p>9 MS. DESH: Objection to the form. Asked      10 and answered.</p> <p>11 A. Again, under regulatory interpretation,      12 yeah, it might be seen as a violation.</p> <p>13 Q. (By Mr. Shkolnik) Thank you.</p> <p>14 A. I don't recall ever us doing anything      15 where we would ship without review under my time in RX      16 Integrity.</p> <p>17 MR. SHKOLNIK: Move to strike the latter      18 part.</p> <p>19 Q. (By Mr. Shkolnik) So in addition --      20 without additional resources to timely review the      21 orders of interest, shipments of controlled substances      22 to our pharmacies will be delayed or held, further      23 negatively impacting the business.</p> <p>24 So what she's saying there is if we don't</p>

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<p>1 get more money and more people, there's going to be      2 delays in shipments to pharmacies if they're following      3 the rules; correct?</p> <p>4 MS. DESH: Objection to the form.</p> <p>5 Misstates the document.</p> <p>6 A. Potentially by reading her statement, yes.</p> <p>7 Q. (By Mr. Shkolnik) The SOM system has been      8 turned on to tracking -- that's in quotes -- for the      9 chain for all controlled substances per the chart      10 below. For the last week we had 14,000 items that the      11 stores ordered across the chain that would have to be      12 investigated.</p> <p>13 So what she's saying is that she needs      14 enough resources so the people in your group can review      15 all those orders of interest in a timely fashion before      16 a single order would be shipped; correct?</p> <p>17 A. That would be my interpretation; correct.</p> <p>18 Q. Who was reviewing them when those 14,000      19 got generated that week?</p> <p>20 A. I have no idea. I was not in RX Integrity      21 at that time.</p> <p>22 Q. Were they shipping any during that time      23 when the 14,000 orders were generated across the chain      24 in December -- December 16th, 2012?</p>	<p>1 and manually goes to the computer interface, the      2 desktop they're using, and they request more of the      3 drug?</p> <p>4 A. Correct.</p> <p>5 Q. And so here, 38 percent of the C-II -- the      6 C-II drugs were manually ordered, meaning they were      7 increased by the pharmacist at the store, and that      8 caused flagging; correct?</p> <p>9 A. Correct.</p> <p>10 Q. And then we go to the next segment. And      11 it says system-reduced order. And we have 999 orders      12 that were reduced by the system so that it was under a      13 tolerance limit; correct?</p> <p>14 A. Correct.</p> <p>15 Q. That means a computer by itself, after the      16 pharmacist went to that machine and typed in I want      17 2,000 pills for whatever reason, the machine started      18 thinking about it or -- withdraw that.</p> <p>19 So at some point the computer is      20 generating an order for the store based upon some      21 algorithm, the computer spits it out at the store      22 level, the computer then says wait a second, it's      23 higher than tolerance, and the computer system then      24 reduces it; correct?</p>
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<p>1 A. I do not know.</p> <p>2 Q. If we can go to the next page, please.</p> <p>3 Let's just focus on Schedule II. We'll leave out the      4 Schedule III, IV, and Vs, and we'll leave out      5 pseudoephedrine for the PSEs. So Schedule II products,      6 there's order items flagged. That's five -- it says      7 5,606 orders flagged. Am I correct?</p> <p>8 A. Correct.</p> <p>9 Q. And it's telling us how they're being      10 flagged. They're either being flagged because they      11 violate the tolerance; correct?</p> <p>12 A. Yes.</p> <p>13 Q. And they're being flagged because they're      14 hitting ceiling; correct?</p> <p>15 A. Correct.</p> <p>16 Q. Or they're being flagged for both?</p> <p>17 A. Correct.</p> <p>18 Q. And if we look at the next column, it says      19 store manually changing the order. What does that      20 mean?</p> <p>21 A. That would refer to if a store went in and      22 added to their order.</p> <p>23 Q. So that would mean a computer-generated      24 order, and then the pharmacist would say I want more,</p>	<p>1 A. To my understanding; correct.</p> <p>2 Q. And then the order gets sent out to the      3 distribution center?</p> <p>4 MS. DESH: Objection to the form.</p> <p>5 A. From what I recall, I believe so, yes.</p> <p>6 Q. (By Mr. Shkolnik) And in addition to      7 those 999, there was 479 orders that were generated,      8 whether manually or electronically, that the system      9 reduced because it exceeded the ceiling limit for that      10 store for that controlled substance?</p> <p>11 A. Correct.</p> <p>12 Q. And if we see that the percentages are      13 about 38 percent are manual, so that would mean      14 seventy -- I'm sorry, 62 percent were electronic in      15 terms of the system reductions as well?</p> <p>16 A. You mean of what was transmitted?</p> <p>17 Q. Yeah.</p> <p>18 A. Correct.</p> <p>19 Q. So altogether for the C-IIs for the week      20 prior to December 16th, 2012, we know 1,400 orders from      21 the store for just the C-IIs were reduced to under the      22 suspicious order tolerance and shipped?</p> <p>23 MS. DESH: Objection to the form.</p> <p>24 A. Again, I'm just reading off this</p>

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<p>1 dashboard, but I don't know in the end what was shipped 2 or not. I wasn't in this area at this time. I don't 3 know what actually happened then.</p> <p>4 Q. (By Mr. Shkolnik) Well, let's assume it 5 was a month later if you saw this dashboard. Would 6 those reduced 1,476 orders for the prior week had been 7 shipped, what's been reduced under tolerance?</p> <p>8 A. I believe they were.</p> <p>9 Q. Did you know, sir, that according to the 10 DEA in November of 2012, presentation that included 11 Walgreens and Mr. Swords, they were told that reducing 12 and shipping in that capacity was a violation of the 13 DEA and the controlled substances regulations?</p> <p>14 MS. DESH: Objection to the form.</p> <p>15 A. I was not aware of that meeting or 16 conversation.</p> <p>17 Q. (By Mr. Shkolnik) Did Ms. Polster ever 18 tell you that she had been advised through e-mailed 19 communications from Mr. Swords that the DEA's diversion 20 director had advised them that reducing in that 21 capacity, in that manner, was a violation of the 22 Controlled Substances Act?</p> <p>23 A. I do not recall.</p> <p>24 Q. Do you know who in the chain of command</p>	<p>1 A. According to the information on this 2 sheet, yes, or in the image.</p> <p>3 Q. And no one ever told you that that was a 4 violation of the Controlled Substances Act?</p> <p>5 A. Not that I can recall.</p> <p>6 Q. Do you know who Manuela Chirica was? 7 M-A-N-U-E-L-A, C-H-I-R-I-C-A.</p> <p>8 A. She works on the IT team.</p> <p>9 MR. SHKOLNIK: Let me hand you what's 10 being marked as Exhibit 3, and give it to counsel. 11 [Exhibit Walgreens-Dymon-003 12 marked for identification.]</p> <p>13 Q. (By Mr. Shkolnik) Bates number is 14 Walgreens 00102645. This is an e-mail with an 15 attachment of some type of report. It says controlled 16 substance reporting. And if we could go to the first 17 page of the e-mail, please. And it's Ms. Chirica 18 writing to Mr. Mills, Ora Yelvington, and Rajitha 19 Teega. T-E-E-G-A. Rajitha is R-A-J-I-T-H-A.</p> <p>20 It says reports for DEA, and there's 21 attachments. And it's saying nine report, DEA, PNG, 22 Woodland DEA. You saw the report that was attached 23 just briefly. We'll get into it more. Have you ever 24 seen reports like that?</p>
<p style="text-align: center;">Page 179</p> <p>1 authorized a procedure where you would reduce an order 2 and ship it? Who approved of that plan?</p> <p>3 A. I would have no idea.</p> <p>4 Q. So if we include all of the controlled 5 substances, C-II to C-V, we have orders flagged under 6 the program is twenty four thousand, nine hundred -- 7 I'm sorry, am I -- yeah, C-II to C-V -- 22,511. Of 8 those 2,047 was for exceeding limit, 13,862 of that 9 week exceeded the ceiling.</p> <p>10 So when we say tolerance and limit, a 11 ceiling is higher than tolerance, is it not?</p> <p>12 A. Correct.</p> <p>13 Q. So not only did 2,000 violate what the 14 store's ordering pattern considered to be a max, 13,862 15 exceeded the absolute max for that store or similar 16 stores across the chain; correct?</p> <p>17 A. Correct.</p> <p>18 Q. And an additional 128 violated both, for 19 C-II to C-V? Correct?</p> <p>20 A. Correct.</p> <p>21 Q. And if we go all the way to the right, 22 2,907 orders were reduced and shipped because they no 23 longer were deemed suspicious, correct, according to 24 the algorithm?</p>	<p style="text-align: center;">Page 181</p> <p>1 A. In this document?</p> <p>2 Q. Yeah.</p> <p>3 A. Yes.</p> <p>4 Q. Could you tell the court and jury what 5 that report is?</p> <p>6 A. This is how we reported quarters to the 7 DEA.</p> <p>8 Q. Would this be done on a daily basis, 9 weekly basis, monthly basis? How would this be done?</p> <p>10 A. My team, when I was on the team, we began 11 a process of doing it daily.</p> <p>12 Q. And you pointed out when you joined the 13 team, your team, you started the process of doing it 14 daily. Prior to your team developing, it wasn't being 15 done daily, was it?</p> <p>16 A. I believe it was being done weekly, but 17 I'm not sure.</p> <p>18 Q. And if we go to the first page of this 19 document -- I'm sorry to keep bouncing on you -- it 20 says I put together the requirements for the report to 21 be sent to the DEA, and then there's a list of items, 22 and it says create a report with the selected orders to 23 be sent to DEA.</p> <p>24 And it gives us a whole group of data that</p>

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<p>1 would be included. It would be a report would be      2 created daily at the end of the business day. Report      3 will contain all orders which the status was changed to      4 denied, report DEA during the day, and it will have the      5 various columns that we see below, basically      6 identifying the drug, the DEA number for the store, the      7 NDC, the package size, and the quantities; correct?</p> <p>8       A. Correct.</p> <p>9       Q. And then the next section down it says      10 after the report is generated a batch job will create      11 an Excel spreadsheet for each DC to include all orders.      12 Now, was there any process where all of these      13 spreadsheets would be kept in one centralized location?</p> <p>14       A. They may be kept on the system that      15 generated them. I'm not sure.</p> <p>16       Q. Well, did you know -- like did they -- was      17 there like a folder someone had where they'll say let's      18 throw in today's Excel spreadsheet for today?</p> <p>19       A. I believe when we started, yes, they would      20 manually keep some in a folder.</p> <p>21       Q. And was that something that you instructed      22 your team that we should do, we got to save the reports      23 that we do on a daily basis?</p> <p>24       A. Because we fax them, yes.</p>	<p>1       Q. And when they were sent electronically,      2 were they kept in an electronic folder?</p> <p>3       A. I'm not sure, but I believe some kind of      4 electronic database, maybe. I'm not aware.</p> <p>5       Q. And this would be separate than the actual      6 dashboard where it would be sitting inside the actual      7 program. I'm talking the Excel that was generated to      8 be sent to DEA. Those would be kept, the actual      9 document to show this is what we sent DEA on that day?</p> <p>10       A. I don't know when we went to an automated      11 solution how that was stored.</p> <p>12       Q. Who was in charge of that when you went to      13 automated?</p> <p>14       A. The IT team.</p> <p>15       Q. Do you know when it went to automated?</p> <p>16       A. I can't recall.</p> <p>17       Q. Do you ever remember a time when an Excel      18 listing the day's reports were not utilized while you      19 were still in RX Integrity?</p> <p>20       A. Not that I can recall.</p> <p>21       Q. As you sit here today you just don't know      22 how they were kept after being sent?</p> <p>23       A. Not when we did digitally, no, I can't      24 recall.</p>
<p style="text-align: center;">Page 183</p> <p>1       Q. How long -- for how long a period of time      2 were you faxing them?</p> <p>3       A. I don't think long manually, because we      4 went to a automated fax solution for this.</p> <p>5       Q. And would that still be a Excel      6 spreadsheet that was generated, and through the      7 computer system, send it out -- a fax system through      8 your computer as opposed to taking the spreadsheet and      9 going to a fax machine? Is that the difference?</p> <p>10       A. I think it just went directly, somehow      11 digitally directly into a fax. I don't know via what      12 mechanism or form.</p> <p>13       Q. Throughout the time that you were in RX      14 Integrity, was the procedure that an Excel spreadsheet      15 was generated for each day?</p> <p>16       A. Yes.</p> <p>17       Q. Was there some procedure during the year      18 you were there in 2013 to 2014 -- well, it's almost two      19 years -- I guess it would be January 2013 through most      20 of December 2014 -- where the data generated would be      21 kept somewhere in RX Integrity, the actual spreadsheets      22 for every single day?</p> <p>23       A. Ones that were printed when we were      24 manually, yes, they had a folder.</p>	<p style="text-align: center;">Page 185</p> <p>1       Q. I'm going to hand you -- Bates number      2 00245768, Exhibit Number 4.</p> <p>3       MR. SHKOLNIK: Give it to counsel.      4 [Exhibit Walgreens-Dymon-004      5 marked for identification.]</p> <p>6       Q. (By Mr. Shkolnik) This is an e-mail from      7 Mr. Mills and it's to Jeffrey Tolva, T-O-L-V-A, and      8 Nicholas Leners, L-E-N-E-R-S. Do you know who those      9 two gentlemen are?</p> <p>10       A. I do.</p> <p>11       Q. Who are they?</p> <p>12       A. At that time they were senior business      13 analysts in RX Integrity.</p> <p>14       Q. So these were additions to the team after      15 you, Mr. Mills, and Ms. Polster started?</p> <p>16       A. Correct.</p> <p>17       Q. And here we have Mr. Mills subject is      18 status formatt (sic) and it's dated Feb -- the status      19 is dated February 14, 2013, but the e-mail is 4-19 of      20 2013. And it has an attachment here.</p> <p>21       MR. SHKOLNIK: If we could turn to that.</p> <p>22       Q. (By Mr. Shkolnik) Do you ever recall      23 seeing this attachment that's a document from Ms.      24 Polster to Mr. Mills? Subject is status.</p>

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<p>1       A. This template, yes. This is our status 2 template, but I can't recall if I actually ever saw 3 this status document.</p> <p>4       Q. Well, on February 14, 2013, the first 5 topic in there is CSOKPI dashboard. What is that?</p> <p>6       A. That's the dashboard or the system we 7 logged into to do our order monitoring.</p> <p>8       Q. And was that part of or attached to the 9 SIMS system in some capacity?</p> <p>10      A. To my knowledge it's outside of SIMS but 11 the data from SIMS goes into it.</p> <p>12      Q. Which data from SIMS would go into your 13 CSO dashboard system?</p> <p>14      A. To my understanding it's receipts and 15 sales data, I believe.</p> <p>16      Q. When you say receipts, meaning what the 17 store receives and sales data meaning what sales you 18 made from distribution to the store?</p> <p>19      A. Let me clarify. What we received and what 20 we dispensed from the store location.</p> <p>21      Q. So the dashboard would include what we 22 received and what we dispensed from the store location? 23 So basically you could see what the store was doing at 24 the ground level?</p>	<p>1       Q. The next section is talking about lowering 2 oxycodone ceiling limits. Were you involved in this 3 aspect of the work being done at that time, trying to 4 determine what were the proper oxy limits in terms of 5 ceiling limits, in terms of what values and what 6 analytics were going into that?</p> <p>7       A. No.</p> <p>8       Q. Did you have any -- were you involved in 9 any of the conversations where they said we're going to 10 be changing the analytics for oxycodone where we'll see 11 dramatic decrease in the amount of oxycodone a store 12 will be able to order, and that they'd be looking into 13 trends?</p> <p>14      Was that something that was being 15 discussed, that we should kind of change the algorithms 16 here, let's bring our ceilings lower, lower the 17 oxycodone going to the stores?</p> <p>18      A. Not that I can recall.</p> <p>19      Q. This is an area which I -- this is one of 20 the first times I'm seeing this thing. It's called 21 Tableau reporting dashboards. My understanding is 22 Tableau is like kind of a computer program where you 23 could generate reports. Do you know -- have you ever 24 heard of that before?</p>
<p>1       A. From an ordering perspective, yes.</p> <p>2       Q. Just ordering from the DC or from their 3 sales to their customers?</p> <p>4       A. Overall both.</p> <p>5       Q. Both. Okay. And that was an integral 6 part of the SCO, the suspicious order analysis, was it 7 not?</p> <p>8       A. Correct, part of the dashboard.</p> <p>9       Q. And Manuela was charged with -- to create 10 and implement new changes for the CSOKPI. What does 11 KPI stand for?</p> <p>12      A. Key performance indicator.</p> <p>13      Q. And we talked a little bit about this a 14 few minutes ago, the DEA facts template and reporting 15 tool that could be downloaded daily and faxed to the 16 DEA. So that's what we just discussed in Exhibit 3; am 17 I correct?</p> <p>18      A. Correct.</p> <p>19      Q. So what we have here based on the status 20 is that there was actually this template, there was a 21 download of the information to a spreadsheet, and then 22 someone would physically fax it to DEA up until a 23 certain point in time; correct?</p> <p>24      A. Correct.</p>	<p>1       A. I've heard of the software.</p> <p>2       Q. And Tableau was actually being utilized by 3 the team back in 2014 to help you generate reports?</p> <p>4       A. We, to my recollection, were not using 5 Tableau to generate reports. I know we were exploring 6 on how to use it, if it could be a tool that we could 7 use. That's all I recall.</p> <p>8       Q. And according to this it says this week I 9 gained access to the queries Ray uses to create Tableau 10 tables. Who's Ray?</p> <p>11      A. Ray Stukel, I believe at that time he was 12 either asset protection or some kind of analysis role.</p> <p>13      Q. And according to this Ray was actually 14 using Tableau in order to run some searches of the data 15 you had. Does that refresh your recollection?</p> <p>16      A. I don't know if he was using our data or 17 not. I don't know.</p> <p>18      Q. It says I just need Tableau and we will be 19 able to create the tables, as-needed basis, without 20 going to Ray.</p> <p>21      So as I read this, it seems like Tasha is 22 suggesting we, meaning RX Integrity, should get their 23 own Tableau interface so that you could run your own 24 reports rather than rely on Ray to do it for you. Am I</p>

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<p>1 reading that correctly?</p> <p>2 A. Mr. Mills is informing Ms. Polster that</p> <p>3 maybe Tableau is a tool that could be used to visualize</p> <p>4 or create reporting around data.</p> <p>5 Q. But isn't he suggesting that -- I'm sorry,</p> <p>6 I didn't mean to say Tasha was doing it. I should have</p> <p>7 said Mr. Mills. He's saying here that it appears that</p> <p>8 Ray has been running Tableau tables, and in the second</p> <p>9 sentence, if we had it ourselves we could run them as</p> <p>10 we needed them without having to ask Ray for them.</p> <p>11 Isn't that what she's saying to Tasha?</p> <p>12 A. I interpret this as just Steve telling</p> <p>13 Tasha that Ray uses this tool Tableau to do things.</p> <p>14 That's the way I read this statement. I don't know if</p> <p>15 any of our data ever went through there. I just don't</p> <p>16 know.</p> <p>17 Q. Then I want to go down to this -- if we go</p> <p>18 down to Cardinal's SOM. So as I read this, Cardinal</p> <p>19 was also running its own suspicious order monitoring</p> <p>20 with respect to some orders coming out of your stores;</p> <p>21 is that correct?</p> <p>22 A. Based on Steve's statements, it looks like</p> <p>23 Cardinal was running some form of SOM, yes.</p> <p>24 Q. On orders from the stores?</p>	<p>1 A. Again, we're evolving the systems and</p> <p>2 learning as we go to build the Sprite (ph) systems to</p> <p>3 address whatever we needed to do.</p> <p>4 Q. So apparently somewhere in the corporate</p> <p>5 system that was allowed to happen and you guys were</p> <p>6 saying wait a second, we've got to do something to stop</p> <p>7 it?</p> <p>8 A. As we evolved our systems we've developed</p> <p>9 different solutions over time.</p> <p>10 Q. If they were ordering -- when I say they,</p> <p>11 if stores were ordering in excess of your ceiling and</p> <p>12 for whatever reason, or however they did it, they were</p> <p>13 then able to go to the -- to Cardinal and try to fill</p> <p>14 those orders in excess of your ceiling, that would be</p> <p>15 in violation of what Walgreens considered proper</p> <p>16 practices? Fair statement?</p> <p>17 MS. DESH: Objection to the form.</p> <p>18 A. That would be outside of our order</p> <p>19 monitoring system at that time.</p> <p>20 Q. (By Mr. Shkolnik) And it would have</p> <p>21 violated it; correct? That's what you mean?</p> <p>22 MS. DESH: Same objection.</p> <p>23 A. It would have been outside of our system</p> <p>24 and we wouldn't be aware.</p>
<p style="text-align: center;">Page 191</p> <p>1 A. I don't know, again, where the order is</p> <p>2 coming from -- from our store, DC. I just don't know</p> <p>3 the specifics behind that.</p> <p>4 Q. Over the last seven days I have seen a</p> <p>5 decrease in the amount of Cardinal SOMs. On average</p> <p>6 I'm seeing about 10 orders daily that Cardinal has</p> <p>7 identified to be suspicious, and then it says about 60</p> <p>8 percent of those orders are legitimate orders that</p> <p>9 should be canceled. Those -- these are store who are</p> <p>10 over the corporate ceiling, and now they are going to</p> <p>11 Cardinal to request the product.</p> <p>12 So based upon what Steve is writing there</p> <p>13 in February of 2013, it appears that their orders, 60</p> <p>14 percent of the orders, exceeded your Walgreens levels,</p> <p>15 but then were going on and were being requested at</p> <p>16 Cardinal. Am I correct?</p> <p>17 A. That's how I would interpret Steve's</p> <p>18 statement.</p> <p>19 Q. How does that happen? How does someone --</p> <p>20 how can someone -- or how does Walgreens have an order</p> <p>21 that says it exceeds our corporate ceiling -- that's</p> <p>22 it -- and somehow it gets sent over to Cardinal so that</p> <p>23 that same product can be sent? How did that happen</p> <p>24 when you guys were running RX Integrity?</p>	<p style="text-align: center;">Page 193</p> <p>1 Q. (By Mr. Shkolnik) Whether it's outside of</p> <p>2 your system or not, it's Walgreens. It's the company.</p> <p>3 If your store ordered and went outside of Walgreens's</p> <p>4 ceiling to fulfill an order, and you're trying to get</p> <p>5 it anyway, Walgreens didn't approve of that, did they?</p> <p>6 That wasn't allowed, was it?</p> <p>7 MS. DESH: Objection to the form.</p> <p>8 A. It was outside order monitoring. I don't</p> <p>9 know if the store really did or did not need it,</p> <p>10 because if they didn't go through our order monitoring,</p> <p>11 how do I know?</p> <p>12 Q. (By Mr. Shkolnik) And one of the things</p> <p>13 that you and your team wanted to do was stop that from</p> <p>14 occurring? If a store was doing that, they had to go</p> <p>15 through you so that you could say yes or no and not</p> <p>16 kind of end run around your suspicious order monitoring</p> <p>17 system that you had in place; correct?</p> <p>18 A. All order monitoring we wanted to go</p> <p>19 through the system so it's all -- we know of everything</p> <p>20 that's going on.</p> <p>21 Q. I'm going to hand you a document which</p> <p>22 we're marking as Exhibit 5, Bates numbers WAG00660341,</p> <p>23 e-mail, Tasha Polster to Barb Martin.</p> <p>24 MR. SHKOLNIK: That's Barb, B-A-R-B, not</p>

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<p>1 Bob.</p> <p>2 [Exhibit Walgreens-Dymon-005</p> <p>3 marked for identification.]</p> <p>4 MR. SHKOLNIK: I'm going to hand that to</p> <p>5 counsel as Exhibit 5.</p> <p>6 Q. (By Mr. Shkolnik) There's a lot of</p> <p>7 redactions here in these e-mails, but I just want to --</p> <p>8 I want to turn to the attachment, Sheet Number 1 it's</p> <p>9 called, Bates number 343. There's a list of</p> <p>10 distribution centers that are here, as well as field</p> <p>11 offices with addresses and fax numbers.</p> <p>12 Could you tell me -- the distribution</p> <p>13 centers that we have listed on the left, we have</p> <p>14 Jupiter, which we talked about, there was Windsor, and</p> <p>15 there was Perrysburg. As I understand it, those three</p> <p>16 were the C-II distribution facilities; correct?</p> <p>17 A. To my understanding at that time, yes.</p> <p>18 Q. And the other ones could be distributing</p> <p>19 C-III to C-V, but not the C-IIs?</p> <p>20 A. I can't recall, but I believe so. I'm not</p> <p>21 sure.</p> <p>22 Q. And when we talked about earlier that --</p> <p>23 was it Manuela was working on that template for DEA</p> <p>24 faxing -- this is basically the list of the DEA offices</p>	<p>1 one. I'm sorry. These -- I'll switch. No, that's</p> <p>2 fine. I'll just switch mine -- this is 6.</p> <p>3 MR. SHKOLNIK: So Exhibit 6, so the</p> <p>4 record's clear and everybody upstairs understands, it's</p> <p>5 Walgreens 00107582. That's Exhibit 6.</p> <p>6 Q. (By Mr. Shkolnik) And it is an e-mail</p> <p>7 from Mr. Mills to Tasha Polster where it says, subject,</p> <p>8 can I see an example of what you faxed to the DEA? And</p> <p>9 we have an attachment which is on the last page, Bates</p> <p>10 number ending in 584. Can you turn to that, please,</p> <p>11 sir?</p> <p>12 And the form we have up here, looks like a</p> <p>13 spreadsheet, and on the top it says Walgreens has</p> <p>14 identified the following orders of interest that appear</p> <p>15 to be of unusual size, comma, unusual frequency, or</p> <p>16 deviate substantially from a normal pattern.</p> <p>17 That's what was sent to the DEA on a daily</p> <p>18 basis; correct?</p> <p>19 A. Correct, this fax template or similar</p> <p>20 document created from it, yes.</p> <p>21 Q. And it was important that you were saying</p> <p>22 that these appear to be unusual size, unusual</p> <p>23 frequency, or deviate substantially from a normal</p> <p>24 pattern because that is the regulation under the</p>
<p style="text-align: right;">Page 195</p> <p>1 that correspond to the distribution center, as well as</p> <p>2 the address and the fax number where they would send</p> <p>3 those spreadsheets to; correct?</p> <p>4 A. Based on this document that -- I mean,</p> <p>5 again, without looking at these addresses online, I can</p> <p>6 only assume that's the case, so maybe.</p> <p>7 Q. I'm going to give you a document we're</p> <p>8 going to mark as Exhibit 6, and it's Walgreens</p> <p>9 00415363.</p> <p>10 [Exhibit Walgreens-Dymon-006</p> <p>11 marked for identification.]</p> <p>12 MR. SHKOLNIK: Handing it to counsel.</p> <p>13 Q. (By Mr. Shkolnik) Attached to Exhibit 6</p> <p>14 are a series of Excels. They look like Excel</p> <p>15 spreadsheets. And they are --</p> <p>16 MS. THOMPSON: Oh --</p> <p>17 MR. SHKOLNIK: No? Did I do it wrong?</p> <p>18 There's a bunch of them.</p> <p>19 Q. (By Mr. Shkolnik) Attached to -- this</p> <p>20 exhibit is a series of Excel spreadsheets.</p> <p>21 MS. THOMPSON: We have this one.</p> <p>22 MR. SHKOLNIK: What's that?</p> <p>23 MS. THOMPSON: Sorry, this one.</p> <p>24 Q. (By Mr. Shkolnik) We gave you the wrong</p>	<p style="text-align: right;">Page 197</p> <p>1 Controlled Substances Act; correct?</p> <p>2 MS. DESH: Objection to the form.</p> <p>3 A. I'd have to review the reg to see if</p> <p>4 that's the wording they used, but probably aligns with</p> <p>5 the regulation or statement of the DEA.</p> <p>6 Q. (By Mr. Shkolnik) But that's what your</p> <p>7 team was looking for? You were looking at orders to</p> <p>8 determine if they appeared to be unusual size, unusual</p> <p>9 frequency, or deviated substantially from normal</p> <p>10 patterns? That was the goal of what RX Integrity was</p> <p>11 monitoring for, wasn't it?</p> <p>12 A. Correct.</p> <p>13 Q. And we had gone through it briefly, and it</p> <p>14 says -- it tells the date, the store number, address,</p> <p>15 the DEA numbers, the drug name, the NDC code, package</p> <p>16 size, and quantity. When they say NDC code on this,</p> <p>17 the NDC code will tell the DEA exactly which drug it</p> <p>18 is, manufacturer, as well as the size of the container</p> <p>19 being ordered, wouldn't it?</p> <p>20 A. Correct.</p> <p>21 Q. So this is not comparing all opioids</p> <p>22 together; this is looking at orders of hydrocodone,</p> <p>23 APAP 10/650 milligrams, and that order from that</p> <p>24 pharmacy on that date appeared to be either of unusual</p>

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<p>1 size, unusual frequency, or deviate substantially from  2 a normal pattern, based upon Walgreens's analysis;  3 correct?</p> <p>4 A. Correct, but I don't know if this is an  5 actual example or if this is real data, so I do not  6 know that.</p> <p>7 Q. Whether or not it's the real exam -- this  8 is something that happened on that day or not, this is  9 the way the interpretation of the document would be if  10 someone at DEA got it; correct?</p> <p>11 A. Correct.</p> <p>12 Q. Like you're not -- just so I can clarify,  13 DEA is not being told that this order deviates from all  14 opioids; it's really focusing on hydrocodone, APAP  15 10/650 milligrams, and the ordering pattern and ceiling  16 for that store on a certain date; correct?</p> <p>17 A. Correct.</p> <p>18 Q. I'm going to hand you what's being marked  19 as Exhibit 7.</p> <p>20 [Exhibit Walgreens-Dymon-007  21 marked for identification.]</p> <p>22 Q. Bates number is 00415363. And what we've  23 just handed you is a compilation of a series of pages  24 of similar type of DEA report spreadsheets, but from</p>	<p>1 2012?</p> <p>2 A. I do not know.</p> <p>3 MR. SHKOLNIK: I'm making it difficult for  4 you today. I'm going to start with 39.</p> <p>5 MR. SHKOLNIK: Do you need a break?</p> <p>6 MS. DESH: (Shaking head "no.")</p> <p>7 MR. SHKOLNIK: Do me a favor. Just give  8 me 81 first.</p> <p>9 Q. (By Mr. Shkolnik) Are you familiar with  10 the phrase called interstoring?</p> <p>11 A. Yes.</p> <p>12 Q. What does interstoring mean?</p> <p>13 A. The transfer of medication from one store  14 to another store.</p> <p>15 Q. And was that approved of by Walgreens  16 while you were in RX Integrity? Was that an approved  17 practice?</p> <p>18 A. Yes, stores are able to just interstore  19 medications between each location.</p> <p>20 Q. Was it ever called into question as to  21 whether or not stores were -- should be interstoring  22 controlled substances?</p> <p>23 A. Yes.</p> <p>24 Q. And was that condoned by RX Integrity</p>
<p style="text-align: center;">Page 199</p> <p>1 different dates. Am I correct, if you could take a  2 look at it?</p> <p>3 A. Correct.</p> <p>4 Q. And what we're seeing here is after it's  5 gone through algorithms, order has gone through various  6 algorithms, it was then looked at by RX Integrity, RX  7 Integrity then determined that these various orders  8 appeared to be of unusual size, unusual frequency, or  9 deviated substantially from a normal pattern, and that  10 they were being reported to the DEA at the offices, the  11 appropriate offices for those pharmacies -- I'm sorry  12 for the distribution centers that this was generated  13 at; correct?</p> <p>14 A. The dates here are all from 2012, so RX  15 Integrity was not in existence in 2012, so I can't  16 speak to or I don't know who was reviewing or how this  17 was being transmitted at that time.</p> <p>18 Q. Do you know which algorithm was being  19 applied to it for these 2012 reports?</p> <p>20 A. I do not know.</p> <p>21 Q. It appears that the earliest date we have  22 in this compilation was June of 2012. Do you know what  23 suspicious order monitoring program was being applied  24 to the orders between June of 2012 and December of</p>	<p style="text-align: center;">Page 201</p> <p>1 while you were there?</p> <p>2 A. We worked on a solution to block the  3 interstoring of controlled substances in RX Integrity.</p> <p>4 Q. So RX Integrity determined that  5 interstoring was not a good thing, correct, as to  6 C-IIIs?</p> <p>7 A. C-IIIs were never allowed to be interstored  8 ever.</p> <p>9 Q. But they were doing it? Stores were doing  10 it, weren't they?</p> <p>11 A. No, not C-IIIs.</p> <p>12 Q. No stores were interstoring C-IIIs at  13 Walgreens at any time?</p> <p>14 A. Never.</p> <p>15 Q. You've never heard of any situations where  16 C-IIIs were being interstored in the Walgreens chain  17 when you joined RX Integrity?</p> <p>18 A. No. The system would not allow that.</p> <p>19 Q. Would the system stop a pharmacist from  20 calling another store and saying do you have any C-IIIs  21 and can I send someone over to pick them up?</p> <p>22 A. No.</p> <p>23 Q. They couldn't do that?</p> <p>24 A. The system can't be on a phone call and</p>

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<p>1 block sending a patient to another store, sir.</p> <p>2 Q. Do you know if there were reports that</p> <p>3 pharmacists were doing just that, they were contacting</p> <p>4 other stores and asking if the other stores had C-II's</p> <p>5 that they could share with the store which they would</p> <p>6 interstore?</p> <p>7 A. No, C-II's are not interstorables.</p> <p>8 Q. So that never happened at any time to your</p> <p>9 knowledge at Walgreens, interstoring of C-II's at any</p> <p>10 time?</p> <p>11 A. To my knowledge of the system, that's not</p> <p>12 allowable. Can't be done.</p> <p>13 Q. If someone had been doing that, if stores</p> <p>14 had been doing that, would -- when I say that, I mean</p> <p>15 interstoring C-II's -- would that have been a violation</p> <p>16 of Walgreens's practices?</p> <p>17 MS. DESH: Objection to the form.</p> <p>18 A. Again, our system didn't allow it to</p> <p>19 happen, so I don't even know how they would do it.</p> <p>20 Q. (By Mr. Shkolnik) Well, picking up a</p> <p>21 phone is a way it could happen; correct?</p> <p>22 A. No.</p> <p>23 Q. You could not pick up the phone and call</p> <p>24 another pharmacist that's the manager of the store down</p>	<p>1 needs 180 of these. I don't have 180. If I send</p> <p>2 someone over, can I get them from you so I could fill</p> <p>3 the order over here? Were they allowed to do that?</p> <p>4 A. No.</p> <p>5 Q. That would be a violation if they did</p> <p>6 that?</p> <p>7 MS. DESH: Objection to the form.</p> <p>8 Q. (By Mr. Shkolnik) Correct?</p> <p>9 A. Can't even -- you cannot transfer a</p> <p>10 Schedule II between store locations.</p> <p>11 Q. I mean, physically you could?</p> <p>12 A. No, you can't.</p> <p>13 Q. You mean you couldn't pick up a phone and</p> <p>14 make a phone call and ask Joe or Jane if you have them?</p> <p>15 Could you do that?</p> <p>16 A. You can call to check stock and send a</p> <p>17 patient to that location.</p> <p>18 Q. Okay. Okay. So --</p> <p>19 A. You cannot transfer the drug between two</p> <p>20 locations.</p> <p>21 Q. So it would be a violation if Joe or Jane</p> <p>22 at the other store said yes, I have the oxy and we</p> <p>23 could send them to your store for you to give it to the</p> <p>24 patient? That would be a violation; correct?</p>
<p style="text-align: center;">Page 203</p> <p>1 the road and say do you have any oxies?</p> <p>2 A. That's not interstoring.</p> <p>3 Q. That's not interstoring?</p> <p>4 A. No.</p> <p>5 Q. What is that?</p> <p>6 A. That's helping the patient get the</p> <p>7 prescription they need, and that's a common practice</p> <p>8 that pharmacists do all the time.</p> <p>9 Q. Let me get your definition of what</p> <p>10 interstoring is, sir.</p> <p>11 A. Using Walgreens's system to transfer one</p> <p>12 medication from one store to another store.</p> <p>13 Q. So if I understand it correctly, if a</p> <p>14 pharmacist utilizes the computer terminal to try to get</p> <p>15 a controlled substance, a C-II like OxyContin, from a</p> <p>16 neighbor store down the road, the program would not</p> <p>17 allow that to occur; correct?</p> <p>18 A. Correct.</p> <p>19 Q. If the same pharmacist had a patient come</p> <p>20 into the store with a prescription for oxy and the</p> <p>21 pharmacist didn't have enough and he picked up the</p> <p>22 phone and he said -- called Joe or Jane at the</p> <p>23 Walgreens down the store -- down the street, said do</p> <p>24 you have any oxies there? I got a patient here that</p>	<p style="text-align: center;">Page 205</p> <p>1 MS. DESH: Objection to the form.</p> <p>2 A. A violation to what?</p> <p>3 Q. (By Mr. Shkolnik) The law.</p> <p>4 MS. DESH: Same objection.</p> <p>5 A. I can't speak to the law, but there are --</p> <p>6 if a pharmacist did manual 222s between two locations,</p> <p>7 they actually can move inventory legally between</p> <p>8 locations.</p> <p>9 Q. (By Mr. Shkolnik) So now you're telling</p> <p>10 me if pharmacist in my -- this one store has the</p> <p>11 patient who needs 180 oxies, I don't have enough -- a</p> <p>12 hundred and -- I mean, I don't have 180 oxies on hand,</p> <p>13 I only have 40 or 50, I could actually call Joe or Jane</p> <p>14 at the other store and say do you have them, and can we</p> <p>15 get them from you as long as they issue a 222?</p> <p>16 A. We cannot do that at Walgreens.</p> <p>17 Q. If someone did it at Walgreens, would that</p> <p>18 be a violation of Walgreens's policies?</p> <p>19 MS. DESH: Objection to the form.</p> <p>20 A. I don't know how they would even do it to</p> <p>21 get manual 222s. It's not a process that Walgreens</p> <p>22 did.</p> <p>23 Q. So let's assume he did it and didn't do</p> <p>24 the 222s. Would that be a violation?</p>

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<p>1        MS. DESH: Same objection.</p> <p>2        A. There's federal laws on how to transfer 3 drugs between locations. If you literally walk in off 4 the street and hand me a bottle, it could be considered 5 a violation, yes.</p> <p>6        Q. (By Mr. Shkolnik) So if the pharmacist in 7 the first store who had the patient with a hun -- that 8 needed 180 went to Pharmacy Number 2, Walgreens 9 Pharmacy Number 2, and got them from Joe or Jane so he 10 could have them in his other pharmacy and fill that 11 prescription, that would be a violation of the 12 regulations; correct?</p> <p>13        MS. DESH: Object --</p> <p>14        Q. (By Mr. Shkolnik) You can't do that?</p> <p>15        MS. DESH: Object to the form.</p> <p>16        A. Again, we don't do that practice at 17 Walgreens and that would require proper paperwork to do 18 that kind of a transfer.</p> <p>19        Q. (By Mr. Shkolnik) And if one of the 20 pharmacists did that on a regular basis, that would be 21 a violation of law?</p> <p>22        MS. DESH: Same objection.</p> <p>23        Q. (By Mr. Shkolnik) Correct?</p> <p>24        A. Again, I don't know, because that</p>	<p>1 physically do it?</p> <p>2        A. Contact a store, confirm that the store 3 had the product, and within the SIMS system they could 4 do an interstore request, and that would then shift 5 that inventory from one store to another, and then the 6 pharmacist or whomever would get the product and bring 7 it to the other location.</p> <p>8        Q. So basically what I described before, 9 someone would physically go there, pick up the bottle, 10 and bring it to the pharmacy, but the transaction would 11 be registered in SIMS?</p> <p>12        A. Correct, for III through V.</p> <p>13        Q. But it wouldn't go up through SOM?</p> <p>14        A. Correct.</p> <p>15        Q. And you guys when you implemented RX 16 Integrity changed that? That was one of the upgrades 17 that you instituted; correct?</p> <p>18        A. Correct.</p> <p>19        Q. Is that so that -- excuse me -- was the 20 reason for that change in order to decrease the 21 likelihood of diversion?</p> <p>22        MS. DESH: Objection to the form.</p> <p>23        A. Designed to ensure all orders went through 24 order monitoring, and stores could not bring in product</p>
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<p>1 shouldn't happen, we don't allow it, it can't occur at 2 our stores.</p> <p>3        Q. (By Mr. Shkolnik) But sir, you worked in 4 a pharmacy as a pharmacy manager. You worked in 5 Pharmacy Integrity. If one of your stores or multiple 6 stores engaged in that practice at Walgreens, that 7 would violate the Controlled Substance Act, as well as 8 Walgreens's own policies and procedures; correct?</p> <p>9        MS. DESH: Objection to the form.</p> <p>10        A. Our policies and procedures do not allow 11 for interstoring of Schedule II.</p> <p>12        Q. (By Mr. Shkolnik) But your policies allow 13 Schedule III to Schedule V to be interstored?</p> <p>14        A. Correct, at that time.</p> <p>15        Q. Did they stop it at some point in time?</p> <p>16        A. Yes.</p> <p>17        Q. Why?</p> <p>18        A. Again, we wanted to ensure that everything 19 went through our order monitoring system, and we did 20 not want any other means of stores to acquire a 21 controlled substance outside of order monitoring.</p> <p>22        Q. How were they doing it without going 23 through order monitoring system -- the C-IIs to C -- 24 I'm sorry, C-III to C-Vs? How would a pharmacy</p>	<p>1 outside of order monitoring.</p> <p>2        Q. (By Mr. Shkolnik) And that's so that you 3 could keep track of whether or not orders were -- 4 that's to ensure --</p> <p>5        MR. SHKOLNIK: If you could bring back up 6 Exhibit 7, if you would, those spreadsheets. I'm 7 sorry, not 7. Make it -- so we don't go through the 8 date issue. If you could bring up 6.</p> <p>9        Q. (By Mr. Shkolnik) That's so you'd be able 10 to ensure that a store was not receiving orders of 11 unusual size, unusual frequency, or deviated 12 substantially from normal patterns? That's why you 13 made sure it went through the SOM; correct?</p> <p>14        A. Correct.</p> <p>15        Q. Have you ever heard of a procedure -- I'm 16 sorry, not -- withdraw that. Have you ever heard of a 17 slogan utilized at Walgreens called focus on profit?</p> <p>18        A. No.</p> <p>19        Q. Have you ever heard of one called focus on 20 safety?</p> <p>21        A. Yes.</p> <p>22        Q. Did you ever -- were you ever aware that 23 prior to changing to focus on safety, the slogan was 24 focus on profit?</p>

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<p>1        A. I am not aware of that.</p> <p>2        Q. You wouldn't condone focus on profit over</p> <p>3 focus on safety, would you, sir, as a pharmacist?</p> <p>4        A. No, safety is a top priority.</p> <p>5        MR. SHKOLNIK: Have we been going about an</p> <p>6 hour?</p> <p>7        THE VIDEOGRAPHER: Hour.</p> <p>8        MR. SHKOLNIK: Take our break now. Thank</p> <p>9 you.</p> <p>10       THE VIDEOGRAPHER: We're off the record at</p> <p>11 2:14 PM.</p> <p>12       [A brief recess was taken.]</p> <p>13       THE VIDEOGRAPHER: We are back on the</p> <p>14 record at 2:36 PM.</p> <p>15       Q. (By Mr. Shkolnik) Mr. Dymon, I'm going to</p> <p>16 go back to Exhibit 007 for a second. This was the</p> <p>17 spreadsheets that you pointed out were from before you</p> <p>18 joined the team. It was pre RX Integrity; am I</p> <p>19 correct?</p> <p>20       A. Correct.</p> <p>21       Q. When did Tasha Polster join the team?</p> <p>22       A. The team was created in 2013, so whatever</p> <p>23 her capacity was at this time, I don't remember what</p> <p>24 role she had.</p>	<p>1 know if this is an actual report. I just don't know</p> <p>2 the context of it.</p> <p>3       Q. But whatever this is, whether it's a</p> <p>4 mockup or not, this would not be a daily report to DEA;</p> <p>5 at best, this would be a periodic report that reflects</p> <p>6 a series of months, whether or not it was used or not</p> <p>7 used; that's what we're looking at?</p> <p>8       A. You're looking at some data on a table.</p> <p>9 Again, I don't know how this was used, so it could be</p> <p>10 anything.</p> <p>11       Q. I understand that, but if that was a</p> <p>12 submission -- if the form as we looked at it just like</p> <p>13 that was submitted to the DEA, or DEA offices, that</p> <p>14 would represent a cumulative report for a period of</p> <p>15 time, not a daily report; correct?</p> <p>16       A. This looks like some type of cumulative</p> <p>17 framework, yes.</p> <p>18       Q. And if we go to the next page, again, it's</p> <p>19 Bates numbered 364, we're looking at a cumulative</p> <p>20 report for stores -- 36 -- yes, stores in Florida for</p> <p>21 months of June, August, and October, not a daily</p> <p>22 report; correct?</p> <p>23       A. According to the data here, this looks</p> <p>24 like some type of monthly reporting.</p>
<p style="text-align: center;">Page 211</p> <p>1       Q. These are spreadsheets that all say at the</p> <p>2 bottom feel free to contact Tasha Polster if you need</p> <p>3 additional information. And we have them going back to</p> <p>4 June of 2012, as I understand.</p> <p>5       A. Correct. That's what's on these</p> <p>6 documents.</p> <p>7       Q. And in fact, this first spreadsheet, this</p> <p>8 document is a period that's not a day, it's a period of</p> <p>9 days over multiple months. We have June, July,</p> <p>10 August --</p> <p>11       TRIAL TECHNICIAN: Sorry.</p> <p>12       MR. SHKOLNIK: That's all right.</p> <p>13       Q. (By Mr. Shkolnik) June, July, August,</p> <p>14 September, and October. And they appear to be all</p> <p>15 pharmacies on the west coast from the same DEA</p> <p>16 reporting office. Wouldn't that be correct?</p> <p>17       A. I don't know without looking at which</p> <p>18 reporting office is for those areas. I can't assume.</p> <p>19       Q. But whatever it is, this is not a daily</p> <p>20 report. What we're looking at here is a five-month</p> <p>21 report of a series of transactions that someone</p> <p>22 submitted to the DEA as a cumulative report; correct?</p> <p>23       A. I don't know. I was not in corporate at</p> <p>24 that time, so I don't know if this is a mockup, I don't</p>	<p style="text-align: center;">Page 213</p> <p>1       Q. Multiple monthly reporting?</p> <p>2       A. Correct.</p> <p>3       Q. And if we go to the next page, which is</p> <p>4 Bates numbered 365. Once again, we're looking at what</p> <p>5 would be a cumulative report for a period of months</p> <p>6 from June to -- excuse me -- a cumulative report for</p> <p>7 the months June, July, August, September, and October,</p> <p>8 and not a daily report; correct?</p> <p>9       A. Correct.</p> <p>10       Q. And if we look of the list of drugs</p> <p>11 involved, these were, by looking at the names, but for</p> <p>12 a handful these are all opioids; correct?</p> <p>13       A. Primarily opioids, yes.</p> <p>14       Q. Is hydrocodone a C-II?</p> <p>15       A. Not in 2012, no.</p> <p>16       Q. In 2013?</p> <p>17       A. I believe at the end of 2013 into 2014 it</p> <p>18 got up-scheduled.</p> <p>19       Q. If we could --</p> <p>20       MR. SHKOLNIK: Let's go to Exhibit 008,</p> <p>21 please. Bates number is 00574927. Exhibit 008. I'm</p> <p>22 going to hand it to counsel.</p> <p>23       [Exhibit Walgreens-Dymon-008</p> <p>24 marked for identification.]</p>

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<p>1 Q. (By Mr. Shkolnik) I'm handing you an 2 e-mail from Eric Stahman to Tasha Polster dated March 3 19, 2013. Who is Eric Stahman?</p> <p>4 A. He's a manager on RX Integrity.</p> <p>5 Q. So you -- did you work with him?</p> <p>6 A. Yes.</p> <p>7 Q. Was he on -- were you on the same level, 8 you were both managers?</p> <p>9 A. Correct.</p> <p>10 Q. Did he have a region that was his?</p> <p>11 A. Yes.</p> <p>12 Q. What was his region?</p> <p>13 A. The west.</p> <p>14 Q. And Patricia Daugherty, who is she?</p> <p>15 A. Also a manager on RX Integrity.</p> <p>16 Q. If we look at this what would be the 17 larger font, it says focus on profit, March 2013, 18 vendor receiving and inventory controls for pharmacy.</p> <p>19 Have you ever seen that slogan contained 20 in any of the Walgreens communications within the 21 company?</p> <p>22 A. Not that I can recollect.</p> <p>23 Q. Do you ever recollect any discussions that 24 the company was going -- was affirmatively abandoning</p>	<p>1 Then it goes on to say new company policy 2 is to not interstore controlled substances. On 3 monthly, quote, focus on profit, it states if a 4 transfer is made, check for authorization by DM or RXS.</p> <p>5 What is DM and RXS?</p> <p>6 A. DM is a district manager, RXS is a 7 pharmacy supervisor.</p> <p>8 Q. Are district leaders allowed to authorize?</p> <p>9 It is not recommended for any controls to be 10 interstored, district leaders should not authorize 11 these transfers.</p> <p>12 Does this e-mail refresh your recollection 13 as to the time frame when a decision was made to stop 14 interstoring of all controlled substances?</p> <p>15 A. Correct, we were working on that as a 16 team.</p> <p>17 Q. Was there a period of time where 18 hydrocodone was authorized to be interstored?</p> <p>19 A. It was C-III, so it could be authorized 20 under the current system, the way it was designed.</p> <p>21 Q. Do you know the brand names of any 22 hydrocodones?</p> <p>23 A. Yes.</p> <p>24 Q. What are they?</p>
<p style="text-align: center;">Page 215</p> <p>1 the slogan focus on profit and adopting focus on safety 2 as a slogan?</p> <p>3 A. Not that I was aware of.</p> <p>4 Q. You are aware that at some point focus on 5 safety became a slogan which the company adopted; 6 correct?</p> <p>7 A. Yes.</p> <p>8 Q. And that was sometime in 2013, wasn't it?</p> <p>9 A. I believe so.</p> <p>10 Q. And it was sometime after the agreement 11 was reached with the DEA regarding settlement of all 12 the claims involving the distribution problems; 13 correct?</p> <p>14 MS. DESH: Objection to the form.</p> <p>15 A. Again, I just recall sometime in 2013. I 16 don't know exact when it went.</p> <p>17 Q. (By Mr. Shkolnik) If we could go to the 18 page Bates-numbered 929, up towards the upper portion 19 of the document right there.</p> <p>20 It says please check with Eric Stahmann on 21 this. We shouldn't have conflicting messages out 22 there. I am okay with your answer once Eric checks 23 with LP and maybe we add something in there that we 24 have resolved discrepancy.</p>	<p style="text-align: center;">Page 217</p> <p>1 A. Can you specify which ones? There are 2 many.</p> <p>3 Q. I'm asking you, are there any brand names 4 of hydrocodone? I'm just asking you.</p> <p>5 A. Yes.</p> <p>6 Q. Could you tell me any?</p> <p>7 A. Vicodin.</p> <p>8 Q. Any other?</p> <p>9 A. Lortab.</p> <p>10 Q. Any other?</p> <p>11 A. Those are the two most common ones out 12 there.</p> <p>13 Q. Are those considered -- are those utilized 14 as a combined with, say, acetaminophen or anything 15 else, or are those opioid independ -- just single 16 molecule?</p> <p>17 A. Those are with acetaminophen.</p> <p>18 Q. And those types of opioids could be 19 interstored? If one store needed more, they could just 20 get it from Joe down the block or Jane down the block; 21 correct?</p> <p>22 A. Correct.</p> <p>23 Q. Did those also have risks associated of 24 addiction?</p>

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<p>1        A. Yes.</p> <p>2        Q. Were they considered to be less likely to      3 be addictive than, let's say, oxycodone or oxymorphone      4 or any of the others --</p> <p>5        A. Yes.</p> <p>6        Q. -- that are C-IIIs?</p> <p>7        A. Yes.</p> <p>8        Q. At some point in 2013 is when the policy      9 was put in place to stop even interstoring of those      10 products; correct?</p> <p>11       A. Correct.</p> <p>12       Q. If we could go to Bates numbers 929.</p> <p>13        TRIAL TECHNICIAN: This is 929.</p> <p>14        MR. SHKOLNIK: This is? Oh, sorry. Could      15 you go to the bottom of the page, please? No, I'm      16 sorry, 927. I apologize.</p> <p>17        Q. (By Mr. Shkolnik) Patty -- so this is      18 Tasha to Patty Daugherty, Patricia Daugherty.</p> <p>19            Patty, check with Eric -- the check with      20 Eric is not for that question, it's for the question      21 right below it. Sorry I wasn't clear. It was hard to      22 type it on my iPad to make it clearer to which one I      23 was referring to. There was a reference to a      24 publication that LP -- that's loss prevention; correct?</p>	<p>1 2013. And its subject is blocking interstore      2 transfers. FYI, enhancement to block controlled drugs      3 from being interstored is going live tomorrow night.      4            So as I understand it, based upon the      5 systems that were in place in Walgreens, prior to April      6 8, 2013, interstoring of controlled substances was      7 allowed and not blocked prior to April 8, 2013;      8 correct?</p> <p>9            MS. DESH: Objection. Vague.</p> <p>10        A. Three through five, and there may have      11 been some piloting previously to this release date of      12 the system functionality.</p> <p>13        Q. (By Mr. Shkolnik) Well, we had the e-mail      14 that we just went through in Exhibit 008 where there      15 were still mixed signals and some interstoring      16 apparently was going forward with supervisors and      17 supervisors' approval. But effective April 8, 2013, it      18 was blocked by the computer system, any type of      19 interstoring of controlled substances; correct?</p> <p>20        MS. DESH: Objection. Misstates the      21 record.</p> <p>22        A. Chainwide blocking as of that date, yes.</p> <p>23        Q. (By Mr. Shkolnik) And that means as of      24 April 8, 2013, no pharmacy in the chain could</p>
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<p>1        A. Correct.</p> <p>2        Q. Put out, saying it was okay to interstore.      3 Right now the policy allows interstores, until we get      4 the enhancement in place to block it we can't do much      5 about prohibiting it. My concern was LP put something      6 out saying it's okay with a district leader approval.      7            Was there a period of time where the new      8 procedure to prevent interstoring of controlled      9 substances was getting mixed signals between LP and RX      10 Integrity?</p> <p>11       A. Based on Patty's statement it seems like      12 this was some misunderstanding on LP's part.</p> <p>13       Q. In none of these e-mails do they reference      14 the fact that it was limited to just C-IIIs -- I'm      15 sorry, that it had already been prohibited for C-IIIs      16 and this was only for C-III and C-Vs. Were there any      17 places where stores were also interstoring the C-II?</p> <p>18       A. Not that I'm aware of.</p> <p>19       MR. SHKOLNIK: We're going to mark as      20 Exhibit Number 009 Bates numbered 00302946.</p> <p>21       [Exhibit Walgreens-Dymon-009      22 marked for identification.]</p> <p>23       Q. (By Mr. Shkolnik) This is an e-mail chain      24 from Tasha Polster -- you're included on it -- April 8,</p>	<p>1 physically order through a interstoring any controlled      2 substance, whether it's two through five; correct?</p> <p>3        A. Twos were blocked prior to this, but three      4 through five.</p> <p>5        Q. But at the bottom it's saying -- it says      6 effective immediately, if we go to the bottom of the      7 page, controlled substances, C dash -- I'm sorry, C-II      8 dash C-V will be blocked from interstore claims. Any      9 controlled substances that are placed on the interstore      10 claim will reject with the below error message,      11 highlighted item restricted from transfer, delete item      12 to continue.</p> <p>13            That's what someone is going to see on the      14 screen if they try to do it with a C-II to C-V,      15 effective April 8, 2013?</p> <p>16       A. Correct.</p> <p>17       Q. What -- withdraw that. Was there anything      18 stopping Walgreens from implementing that very same      19 prohibition in 2012, 2011, 2010, 2009, 2008, anything      20 to prevent that?</p> <p>21       A. I don't know.</p> <p>22       MS. DESH: Objection.</p> <p>23       Q. (By Mr. Shkolnik) Did you have any      24 discussions that say, Jesus, why didn't we do this a</p>

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<p>1 long time ago?</p> <p>2 A. No.</p> <p>3 Q. I mean, this is a loophole that pharmacies</p> <p>4 were utilizing to move controlled substances -- I think</p> <p>5 you're saying it's three through five -- between stores</p> <p>6 without suspicious order monitoring. And did anyone</p> <p>7 say why didn't we stop this a long time ago?</p> <p>8 MS. DESH: Objection. Assumes facts not</p> <p>9 in evidence.</p> <p>10 A. I cannot recall someone saying that.</p> <p>11 Q. (By Mr. Shkolnik) I mean, I commend you</p> <p>12 all for doing this in April of 2013, and I think</p> <p>13 everyone would commend you for doing it, but is there</p> <p>14 any excuse why Walgreens allowed their pharmacists to</p> <p>15 interstore, move controlled substances between stores,</p> <p>16 without suspicious order monitoring intervention prior</p> <p>17 to April of 2013?</p> <p>18 A. Again, I don't know.</p> <p>19 Q. Did you ask any of your supervisors why</p> <p>20 didn't we do this before?</p> <p>21 A. I cannot recall.</p> <p>22 Q. As you're sitting here today, would you</p> <p>23 agree with me it probably would have been a good</p> <p>24 practice to stop it a long time before 2013?</p>	<p>1 items. That would be prescription items; correct?</p> <p>2 A. Correct.</p> <p>3 Q. And then under scope it says this</p> <p>4 procedure covers the steps in verifying questionable</p> <p>5 store order quantities prior to order processing on RX</p> <p>6 items.</p> <p>7 So the scope was basically to give</p> <p>8 instructions to people in this distribution center on</p> <p>9 how to verify an order if it appeared to be</p> <p>10 questionable, and that's how they would implement that;</p> <p>11 correct?</p> <p>12 MS. DESH: Objection. Calls for</p> <p>13 speculation.</p> <p>14 Q. (By Mr. Shkolnik) If you could answer.</p> <p>15 A. I'm not sure how the distribution center</p> <p>16 used this document or what they did with their team</p> <p>17 members up there. I don't know.</p> <p>18 Q. I'm just going to drop down to where it</p> <p>19 says responsibilities of Walgreens. And it says</p> <p>20 Walgreens strategic inventory management system --</p> <p>21 that's SIMS, is another way of saying it?</p> <p>22 A. Correct.</p> <p>23 Q. I'm going to use SIMS. SIMS will stop</p> <p>24 what would be considered suspicious controlled drug</p>
<p style="text-align: center;">Page 223</p> <p>1 MS. DESH: Objection to the form.</p> <p>2 Q. (By Mr. Shkolnik) If someone had thought</p> <p>3 about it?</p> <p>4 A. That potentially is a good part of order</p> <p>5 monitoring.</p> <p>6 MR. SHKOLNIK: Yeah, I'm going to go with</p> <p>7 39. Number 010? Thank you.</p> <p>8 Q. (By Mr. Shkolnik) I'm going to hand you a</p> <p>9 document I'm marking as Exhibit 010, Bates numbered</p> <p>10 00749381.</p> <p>11 [Exhibit Walgreens-Dymon-010</p> <p>12 marked for identification.]</p> <p>13 Q. I've just handed you a document that was</p> <p>14 produced by counsel in the last week. And it</p> <p>15 references authentication of prescription order policy,</p> <p>16 procedure, Inventory Controls Doc 1, and it references</p> <p>17 up on top Mount Vernon, Illinois, distribution center.</p> <p>18 Origination date is December 11, 2006. Revision date</p> <p>19 10-7-2017 (sic).</p> <p>20 Have you ever seen this document?</p> <p>21 A. No.</p> <p>22 Q. According to the scope of the document --</p> <p>23 I'm sorry -- the purpose is to establish procedures for</p> <p>24 verifying questionable store order quantities on RX</p>	<p style="text-align: center;">Page 225</p> <p>1 orders from being released for picking at the DC based</p> <p>2 on algorithm that looks at past sales and order</p> <p>3 frequency.</p> <p>4 So that's the SOM policy that was in</p> <p>5 effect in October of 2013; correct?</p> <p>6 MS. DESH: Objection. Calls for</p> <p>7 speculation.</p> <p>8 A. To my understanding, I believe that's how</p> <p>9 it was working at that time, yes.</p> <p>10 Q. (By Mr. Shkolnik) And then it says if we</p> <p>11 suspect a store order to be suspicious, the order will</p> <p>12 be canceled and then reported to the FDA, the Board of</p> <p>13 Pharmacy, and the DEA for controlled substance within</p> <p>14 three business days.</p> <p>15 Was it your understanding that that was</p> <p>16 the procedure in place at that time?</p> <p>17 A. I can't speak to the DCs. We reported</p> <p>18 daily to the DEA.</p> <p>19 Q. If we go to the attached protocol, which</p> <p>20 is Bates numbered 383. Take a look at that with you,</p> <p>21 sir.</p> <p>22 And it says up on top -- by the way,</p> <p>23 you've seen this document before, have you not?</p> <p>24 A. I may have at some point.</p>

<p style="text-align: right;">Page 226</p> <p>1 Q. This was actually the policy that was 2 drafted at -- in Integrity as to how Pharmaceutical 3 Integrity was handling suspicious orders, wasn't it? 4 A. Again, I may have seen parts of this when 5 it was being assembled. 6 Q. It says this policy and specific 7 procedures govern how controlled substances are 8 processed and what steps are taken by the 9 Pharmaceutical Integrity team to investigate orders of 10 interest in the controlled substance ordering -- order 11 monitoring system, CSOM. 12 That's what we were talking about earlier 13 today -- the CSOM is the system that you guys were 14 working with? 15 A. Yes. 16 Q. And -- if we could jump down to how to 17 identify normal and expected transaction. It says -- 18 the following elements allow Pharmaceutical Integrity 19 team to understand and identify normal and expected 20 transactions, which assists in identifying potentially 21 suspicious transactions. 22 And then it says accumulation of receipts 23 over time -- the CSOM accumulates the amount of each 24 controlled substance over a specific limitation period;</p>	<p style="text-align: right;">Page 228</p> <p>1 A. If we understood how systems worked or how 2 to build things, sure, but this is an evolving process 3 over time. You learn as you go. 4 Q. Well, I mean, I questioned the guys who 5 built it in your company, and they said they could have 6 done it. Do you know why it wasn't done sooner? 7 A. I have no knowledge of that. 8 Q. From your standpoint, sir, as someone who 9 is a professional in Pharmaceutical Integrity for the 10 period of time you were there, if you would have had 11 your choice, now that you know what you knew, if you 12 knew the company could do it, would you have said we 13 should have had a ceiling in place long before 2013? 14 MS. DESH: Objection to the form. 15 A. If potentially it could be developed and 16 done, if it's beneficial. It's always good to develop 17 something that could be beneficial. 18 Q. (By Mr. Shkolnik) And if you knew what 19 you knew today, would you have preferred if the company 20 had been running all suspicious orders against the 21 ceiling prior to 2013? 22 MS. DESH: Same objection. 23 A. Again, if we knew that knowledge back then 24 or knew it, it would be great to have that.</p>
<p style="text-align: right;">Page 227</p> <p>1 that is, over the last six weeks. 2 And then there's a ceiling limit where 3 data mining is done across Walgreens retail pharmacies 4 to determine the maximum amount that a pharmacy should 5 be allowed to receive in a rolling six-week time 6 period, based upon statistical linear regression. The 7 analysis compares like pharmacies across the country 8 based on prescription volume, and determines by drug 9 and amount what would represent unusual quantity. 10 That was actually the algorithm that was 11 in place when you started in two thousand -- or the 12 plan in 2013; correct? 13 A. To the best of my recollection. 14 Q. So it references both the tolerance as 15 well as the ceiling limits that were being applied to 16 all orders that were placed, either manual or 17 automatic, in the Walgreens system; correct? 18 A. To my understanding. 19 Q. Did you ever ask anybody why we didn't 20 have a ceiling in place prior to 2013? 21 A. Not that I can recall. 22 Q. Do you think it would have been a good 23 thing for Walgreens to have placed a ceiling on 24 pharmacies going back long before 2013?</p>	<p style="text-align: right;">Page 229</p> <p>1 Q. (By Mr. Shkolnik) And if technology was 2 there that you could do it, certainly that would be a 3 necessary component; correct? 4 A. Correct. 5 Q. And if the technology was there, you would 6 agree that you would want this in place 2011 if it was 7 available, 2010, 2008, or 2009; correct? 8 MS. DESH: Objection -- 9 Q. (By Mr. Shkolnik) If they could have done 10 it? 11 MS. DESH: Objection to the form. 12 A. Conceptually, if possible, yes. 13 Q. (By Mr. Shkolnik) And you would agree 14 with me if both tolerance and ceiling were in place, 15 and the procedures that your team implemented with the 16 upgrades, things such as no interstoring, such as 17 vendor running through your system, all those systems, 18 if they could have been put in place earlier in the 19 computer system, you would agree with me that would 20 have been a better practice; correct? 21 MS. DESH: Objection to the form. 22 A. Potentially had a better impact or more 23 beneficial impact. 24 Q. (By Mr. Shkolnik) I mean, you would have</p>

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<p>1 been able to do the good work, the review of individual      2 suspicious orders, potentially suspicious orders, years      3 before and prevented orders from either being placed or      4 shipped; correct?</p> <p>5 MS. DESH: Objection. Calls for      6 speculation.</p> <p>7 A. Potentially. Hard to say. It's based on      8 technology and design of all the systems.</p> <p>9 Q. (By Mr. Shkolnik) But assuming that your      10 tech people -- this linear regression model and the      11 interfaces could be built, whatever date that was -- if      12 it could have been pushed back a year, you would      13 support that; correct?</p> <p>14 MS. DESH: Same objection.</p> <p>15 A. Again, if something could be done and it      16 was capable of doing it, it could be a benefit.</p> <p>17 Q. (By Mr. Shkolnik) And if it went back two      18 years, you would have supported that if it was      19 technologically feasible; correct?</p> <p>20 MS. DESH: Same objection.</p> <p>21 A. Again, if something could be developed and      22 work correctly and be beneficial.</p> <p>23 Q. (By Mr. Shkolnik) And you would have the      24 same answer going back to the earliest date that you</p>	<p>1 sorry, Prescription Integrity. But I just want to go      2 through some of it and just ask you some questions.      3 Up on top it says Daniel Coughlin. Do you      4 know who that is?</p> <p>5 A. I do not.</p> <p>6 Q. But Barb Martin, she's the person who's      7 being deposed down the hallway right now. She still      8 works for the company; right?</p> <p>9 A. Yes, Barb Martin works for the company.</p> <p>10 Q. And there's also Dwayne Pinon. He's the      11 lawyer we talked about earlier this morning; correct?</p> <p>12 A. Correct.</p> <p>13 Q. And we also have Eric Stahmann on this      14 list, as well as Denny Murray. Those are all people      15 that are still with the company; correct?</p> <p>16 A. Correct.</p> <p>17 Q. And this refers to suspicious controlled      18 drug orders. And the attachments are some screenshots,      19 as I understand it, from the computer system. Have you      20 ever seen screenshots that look like these?</p> <p>21 A. Yes.</p> <p>22 Q. Let's start with Bates 332. And there's a      23 document up on top -- there's a wording up on top, I      24 should say. It says threshold violations, monthly.</p>
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<p>1 could technologically and feasibly implement ceiling,      2 tolerance, and the order review processes that you put      3 in place with your team as early as possible; correct?</p> <p>4 MS. DESH: Same objection.</p> <p>5 A. Again, if the technology could be      6 beneficial and developed, it may have had an impact.</p> <p>7 Q. (By Mr. Shkolnik) And you would agree      8 with me the system you put in place helped ensure      9 suspicious orders did not get shipped to stores; fair      10 statement?</p> <p>11 A. Correct.</p> <p>12 Q. I mean, that was your goal, and that's      13 what you did your best to do?</p> <p>14 A. Correct.</p> <p>15 Q. I'm going to hand you what I'm going to      16 mark as Exhibit 011, Bates numbered 00660331.</p> <p>17 [Exhibit Walgreens-Dymon-011      18 marked for identification.]</p> <p>19 Q. I'm going to hand you a document which is      20 an e-mail from Daniel Coughlin dated August 3, 2010.</p> <p>21 MR. SHKOLNIK: Just pass that to you.</p> <p>22 Q. (By Mr. Shkolnik) This is an e-mail      23 chain, which I understand you obviously weren't on      24 because it was before you joined suspicious -- I'm</p>	<p>1 Have you ever seen this type of screenshot?</p> <p>2 A. Similar screenshot, but I don't recall      3 with that title on it.</p> <p>4 Q. Without the title, what would you      5 understand the screenshot to be?</p> <p>6 A. It's just showing a drug on an order that      7 would have -- supposedly looks to have violated some      8 kind of measure.</p> <p>9 Q. So we don't know -- by looking at this, we      10 wouldn't know what the algorithm is that they're      11 utilizing; correct?</p> <p>12 A. I do not know.</p> <p>13 Q. And then we go to the next page. It's      14 another version for a different drug. This is Hydromet      15 syrup?</p> <p>16 A. Correct.</p> <p>17 Q. And again, you recognize the screenshot,      18 but you don't recognize where it says threshold      19 violations, monthly; correct?</p> <p>20 A. Correct. I don't recall seeing something      21 like that.</p> <p>22 Q. Did you have monthly reports like this      23 that were generated for the DEA?</p> <p>24 A. I do not know.</p>

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<p>1 Q. When you -- you've done?</p> <p>2 A. Not off of a screen like this, no.</p> <p>3 Q. Your team was utilizing that spreadsheet</p> <p>4 format for the DEA on a daily basis; am I correct?</p> <p>5 A. Correct.</p> <p>6 Q. Do you know why your team moved from</p> <p>7 monthly to daily reporting to the local DEA offices?</p> <p>8 A. I cannot recall why.</p> <p>9 Q. Did anyone tell you that one of the</p> <p>10 violations that the DEA alleged was that the monthly</p> <p>11 reporting was inadequate and they wanted specific daily</p> <p>12 reporting being done?</p> <p>13 MS. DESH: Objection to the form.</p> <p>14 A. I do not recall.</p> <p>15 Q. (By Mr. Shkolnik) Was it -- did you have</p> <p>16 an understanding that the regulations required your</p> <p>17 department to generate daily reports, not monthly</p> <p>18 reports, for DEA's assessment?</p> <p>19 MS. DESH: Objection to the form. Calls</p> <p>20 for a legal conclusion.</p> <p>21 A. Can I just -- I don't recall what it said.</p> <p>22 Q. (By Mr. Shkolnik) If we could go back to</p> <p>23 the first page, which is Bates 331. It says I recall</p> <p>24 the old paper report as being inches thick. This was</p>	<p>1 Was that the procedure you had in place</p> <p>2 when you guys took over?</p> <p>3 A. Correct. Yes.</p> <p>4 Q. Did you know Mr. Bratton?</p> <p>5 A. Yes.</p> <p>6 Q. Who is Edward Bratton?</p> <p>7 A. He's a manager on the Pharmaceutical</p> <p>8 Integrity team.</p> <p>9 Q. Was he part of that team while you were</p> <p>10 there?</p> <p>11 A. Yes.</p> <p>12 Q. Was he also a manager that had a region as</p> <p>13 well like you did?</p> <p>14 A. Yes.</p> <p>15 Q. Had he been involved in Pharmaceutical</p> <p>16 Integrity prior to you becoming part of the team?</p> <p>17 A. I'm not aware of it. I'm not sure.</p> <p>18 Q. Do you know what group he was with before</p> <p>19 joining Pharmacy Integrity?</p> <p>20 A. I believe he worked with our essential</p> <p>21 pharmacy operations out of Orlando.</p> <p>22 Q. I'm going to hand you a document marked</p> <p>23 two -- Bates number 21425. We'll mark it Exhibit 012.</p> <p>24 [Exhibit Walgreens-Dymon-012]</p>
<p style="text-align: center;">Page 235</p> <p>1 replaced by same data on a disc and eventually</p> <p>2 electronic transmission. We were instructed in 1985</p> <p>3 not to review or contact anyone on data. And it says</p> <p>4 who from your group has been reviewing the data</p> <p>5 collected for the past 25 years?</p> <p>6 Did anyone ever tell you that there was a</p> <p>7 monthly -- that the procedure in place prior to RX</p> <p>8 Integrity was that there would be -- first it had been</p> <p>9 paper, but then electronic -- monthly productions of</p> <p>10 suspicious order violations reported to the DEA?</p> <p>11 A. Not that I can recall.</p> <p>12 Q. Did anyone ever tell you that at the time</p> <p>13 they were releasing the order -- releasing the orders,</p> <p>14 actually shipping -- while they were collecting monthly</p> <p>15 reports before they were reported up to the DEA?</p> <p>16 A. Not --</p> <p>17 MS. DESH: Objection to the form.</p> <p>18 A. Not that I was made aware of or can</p> <p>19 recall.</p> <p>20 Q. (By Mr. Shkolnik) One of the differences</p> <p>21 in 2013 that your team implemented was that no order,</p> <p>22 suspicious order, potentially suspicious order, would</p> <p>23 be shipped -- I mean, as it says here, would stop -- so</p> <p>24 that it would allow the team to review.</p>	<p style="text-align: center;">Page 237</p> <p>1 marked for identification.]</p> <p>2 Q. Did Mr. Bratton ever tell you that the</p> <p>3 system that was in place before your team took over</p> <p>4 would continue to send additional product to stores</p> <p>5 without limit or review, which would make possible</p> <p>6 runaway growth of dispensing of products like oxycodone</p> <p>7 that played a role in the DEA's investigation of</p> <p>8 Walgreens? Did he ever tell you that?</p> <p>9 MS. DESH: Objection to the form.</p> <p>10 A. Not that I can recall.</p> <p>11 Q. (By Mr. Shkolnik) If we go to the</p> <p>12 beginning, it says the controlled substance order</p> <p>13 monitoring system now in place sets limits for each</p> <p>14 item based on chain average for that item for the</p> <p>15 stores of similar size.</p> <p>16 So we're talking 2013, and that's</p> <p>17 consistent with the policy document we just reviewed,</p> <p>18 which was Exhibit Number 010; correct?</p> <p>19 A. Correct.</p> <p>20 Q. It says if a particular store fills more</p> <p>21 of this item than normal and needs additional product,</p> <p>22 we would need to document the reason and increase via a</p> <p>23 CSO override -- here it says which it sounds like that</p> <p>24 store had done.</p>

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<p>1        So the process in place was -- in 2013 was    2 it wouldn't ship, someone would -- you would get the    3 screen that would say you're not -- it's over ceiling,    4 you must fill out a override form; correct?</p> <p>5        A. The store would have to fill out an    6 override form if they needed additional product, yes.</p> <p>7        Q. And so that was what was implemented in    8 2013; correct?</p> <p>9        A. Correct.</p> <p>10       Q. I don't want to beat a dead horse, but if    11 there was a -- if technologically that could have been    12 done in the computer system of Walgreens going back to    13 2010, 2009, 2008, you, sir, you would support that type    14 of change being implemented back then; correct?</p> <p>15       MS. DESH: Objection to the form.</p> <p>16       A. Again, if potentially it could be done, it    17 could be a benefit to it.</p> <p>18       Q. (By Mr. Shkolnik) And the benefit would    19 be it could prevent stores from getting product in    20 violation of ceiling tolerance limits; correct?</p> <p>21       MS. DESH: Objection to the form.</p> <p>22       A. It would ensure it went through our order    23 monitoring system appropriately.</p> <p>24       Q. (By Mr. Shkolnik) And the purpose of</p>	<p>1 direct your attention to the attachments, the two pages    2 of PowerPoint, that are predicated. They're from a prior    3 time frame.</p> <p>4        Have you ever seen these two pages -- I'm    5 sorry, it's three pages -- of PowerPoints?</p> <p>6        A. Not that I can recall.</p> <p>7        Q. If we can just look at Bates numbered 263.    8 And if we look at the bottom under dispensing, and then    9 there's a series of arrows, and it says store level is    10 good faith dispensing, store level is DUR and PDMP.</p> <p>11 What's DUR?</p> <p>12       A. Drug utilization review.</p> <p>13       Q. What does that mean?</p> <p>14       A. A clinical review that a pharmacist does    15 on a prescription.</p> <p>16       Q. So they're basically looking to see if    17 there's a history with the patient, with the doctor,    18 with the actual prescription itself?</p> <p>19       A. With the clinical aspects of the    20 prescription dosing.</p> <p>21       Q. Then the PDMP means they're actually    22 looking at a computer system to check on the doctor as    23 well as the patient, if they're showing up in the    24 system?</p>
<p style="text-align: center;">Page 239</p> <p>1 ensuring it goes through the order monitoring system is    2 to ensure that stores do not get orders which are --    3 sorry for the delay -- which are not -- which are    4 orders of unusual size, unusual frequency, or deviate    5 substantially from a normal pattern; correct?</p> <p>6        MS. DESH: Objection to the form.</p> <p>7        A. Correct.</p> <p>8        Q. (By Mr. Shkolnik) And that would mean it    9 would help ensure that there was not a violation of the    10 Controlled Substances Act in the distribution of    11 products; correct?</p> <p>12       MS. DESH: Objection. Calls for a legal    13 conclusion.</p> <p>14       A. Again, potentially, based on how    15 regulations are interpreted.</p> <p>16       MR. SHKOLNIK: Let's go to 69.</p> <p>17       Q. (By Mr. Shkolnik) I'm going to hand you    18 what we're marking as Exhibit Number 013. It is Bates    19 numbered 00625218.</p> <p>20       [Exhibit Walgreens-Dymon-013    21 marked for identification.]</p> <p>22       Q. Handing you a document that's from -- an    23 e-mail from Steve Bamberg to Mr. Merritello dated    24 January 4th, 2017. But more importantly, I'm going to</p>	<p style="text-align: center;">Page 241</p> <p>1        A. Yes, they're state-level systems, PDMPs.</p> <p>2        Q. And you're able to see if the patient was    3 a doctor shopper or if the physician had some type of    4 flags associated with him through that -- or him or    5 her -- through that system; correct?</p> <p>6        MS. DESH: Objection to the form.</p> <p>7        A. To my understanding, you only see fill    8 history of a prescription in a PDMP.</p> <p>9        Q. (By Mr. Shkolnik) When you say fill    10 history, what does that mean?</p> <p>11       A. Where a prescription was filled, and when    12 it was filled last, and what was the drug and the    13 quantity.</p> <p>14       Q. Is that based on the patient or on the --    15 what is it based on?</p> <p>16       A. It's patient.</p> <p>17       Q. So you'd put the patient's name in; that's    18 all that shows up?</p> <p>19       A. Correct.</p> <p>20       Q. Is there any way of searching the    21 physician in that database?</p> <p>22       A. Again, at this time I don't know how --    23 every state mandates their own PDMP structure, so I    24 can't speak to how different states show or not show</p>

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<p>1 physician type data.</p> <p>2 Q. And then the next arrow is corporate</p> <p>3 monitoring through potential risk indexing, monitoring</p> <p>4 current done through normal -- manual analysis, will</p> <p>5 work towards automation and scorecards.</p> <p>6 Did you participate in some way in trying</p> <p>7 to develop scorecards or some type of automation</p> <p>8 process to try to evaluate physicians and how to</p> <p>9 evaluate patients that were submitting prescriptions to</p> <p>10 be filled?</p> <p>11 A. Not myself individually. Bratton and our</p> <p>12 team worked on physician and physician data.</p> <p>13 Q. But were you participating at all in</p> <p>14 something called the top 100 or top 500 physician</p> <p>15 search tool?</p> <p>16 A. That's a tool Mr. Bratton developed.</p> <p>17 Q. Did you work with him on that?</p> <p>18 A. He did all the work and development. I</p> <p>19 just would look at it.</p> <p>20 Q. What was top 100 or top 500?</p> <p>21 A. I believe he was looking at prescribers</p> <p>22 and what was being prescribed.</p> <p>23 Q. And would that apply to the various store</p> <p>24 regions or stores, or how was that broken down, do you</p>	<p>1 Q. So these were top 500 nation, or top 500</p> <p>2 market, top 100 nation, top 100 market? What was it?</p> <p>3 A. To my understanding, I think it was</p> <p>4 chainwide nation.</p> <p>5 Q. Mr. Bratton was up in RX Integrity when he</p> <p>6 was doing that project, was he not?</p> <p>7 A. Correct.</p> <p>8 Q. And that was part of the RX Integrity</p> <p>9 program to try to strengthen the whole RX Integrity</p> <p>10 program, was it not?</p> <p>11 MS. DESH: Objection. Vague.</p> <p>12 A. To gain educational insight,</p> <p>13 understanding, yes.</p> <p>14 Q. (By Mr. Shkolnik) I mean, as you sit here</p> <p>15 today, you don't know exactly how it was utilized, but</p> <p>16 it was certainly one of the items that RX Integrity was</p> <p>17 trying to implement to assist it in doing its job;</p> <p>18 correct?</p> <p>19 MS. DESH: Objection. Vague.</p> <p>20 A. Trying to gain insights or any</p> <p>21 understanding if it could help us educate the field or</p> <p>22 to do something differently.</p> <p>23 Q. (By Mr. Shkolnik) In fact, that was the</p> <p>24 one of the things that you considered yourself to --</p>
<p>1 know?</p> <p>2 A. I think he would break it down by region</p> <p>3 and stores.</p> <p>4 Q. And did it also include the type of</p> <p>5 prescribing habits of the individual doctors that were</p> <p>6 contained in these databases?</p> <p>7 A. It would show just what the prescriber</p> <p>8 prescribed, from what I recall.</p> <p>9 Q. And did that help the company -- when it</p> <p>10 was ultimately put in place, did that help the company</p> <p>11 in its assessment of its suspicious order monitoring</p> <p>12 program? Was that utilized?</p> <p>13 MS. DESH: Objection to the form.</p> <p>14 A. I don't recall or remember how we utilized</p> <p>15 it.</p> <p>16 Q. (By Mr. Shkolnik) Do you recall what the</p> <p>17 purpose of it was?</p> <p>18 A. Investigatory.</p> <p>19 Q. Meaning?</p> <p>20 A. Trying to understand what was going on out</p> <p>21 there.</p> <p>22 Q. What was going on there -- where?</p> <p>23 A. Nationwide prescribers, what are</p> <p>24 prescribers prescribing, where, what.</p>	<p>1 when you went for your yearly assessment in 2013,</p> <p>2 this -- whatever with work you did to support the top</p> <p>3 100, top 500 indexing system was one of your</p> <p>4 achievements that you helped with in 2013; correct?</p> <p>5 A. Correct, I assisted on it, yes.</p> <p>6 Q. And it was an important part of the</p> <p>7 overall let's try to make the RX Integrity program more</p> <p>8 robust; fair statement?</p> <p>9 MS. DESH: Objection. Vague.</p> <p>10 A. To learn more, again. It's just all about</p> <p>11 learning and learning what could we do.</p> <p>12 Q. (By Mr. Shkolnik) And if we could turn to</p> <p>13 the next page. Bates numbered 264. In 264 we have a</p> <p>14 breakdown of the various phases of the SOM substance</p> <p>15 order logic for the program that was implemented prior</p> <p>16 to you beginning with the group in 2013.</p> <p>17 Have you ever seen any diagram similar to</p> <p>18 this that outlined the phases of the SOM system -- the</p> <p>19 CSOM system?</p> <p>20 A. I may have, but I really can't recall.</p> <p>21 Q. According to Phase 1, which according to</p> <p>22 this was implemented 2009 to 2010 -- I'm sorry, August</p> <p>23 of 2009 through September of 2010, the first phase of</p> <p>24 the CSOM process would be it would review all</p>

<p style="text-align: right;">Page 246</p> <p>1 controlled Walgreens DC orders, and it would flag 2 orders -- and it says up on top, am I correct, flag 3 select orders as suspicious? That's what the algorithm 4 is saying, the logic; correct?</p> <p>5 A. According to the information on this 6 slide.</p> <p>7 Q. And in fact, it says that this was 8 actually prepared for litigation at the bottom, 9 anticipation of litigation or at the direction of 10 litigation and regulatory law. This was in preparation 11 for the trial where they were going to -- where DEA was 12 coming after Walgreens; correct?</p> <p>13 A. I do not --</p> <p>14 MS. DESH: Objection. Calls for 15 speculation.</p> <p>16 A. I do not know.</p> <p>17 Q. (By Mr. Shkolnik) You knew that they were 18 going -- that they were about to go to trial with the 19 DEA when you started with Integrity; correct?</p> <p>20 MS. DESH: Same objection.</p> <p>21 Q. (By Mr. Shkolnik) In February of that 22 year?</p> <p>23 A. I know we were in contact with the DEA. I 24 don't know if it ever went to a trial or anything like</p>	<p style="text-align: right;">Page 248</p> <p>1 A. Not that I can recall. 2 Q. From your understanding, would it be 3 appropriate if whatever the system in place was -- I'm 4 not going to identify what logic it was or what 5 algorithm. Was it your understanding that if the 6 company flagged an order as suspicious, they were not 7 supposed to order it -- I'm sorry, ship it?</p> <p>8 MS. DESH: Objection to the form.</p> <p>9 A. Again, looking at regs, potentially they 10 may have not been able to ship it.</p> <p>11 Q. (By Mr. Shkolnik) So in the first year of 12 this new algorithm or program, they were flagging, and 13 they were not reducing, and they were shipping.</p> <p>14 So in the second phase, let's start from 15 September 2010, and it says to current -- given the 16 dates in this, some time in 2012 -- it says the orders 17 were reviewed, they were flags based on drug by store, 18 historical patterns of 26 weeks, but they had 19 implemented in this Phase 2 that they would be reducing 20 only WAG DC orders.</p> <p>21 So this would be saying they had a 22 reduction in place if it exceeded -- if it was found to 23 be suspicious, and if a WAG order -- that means a 24 Walgreens DC order -- would be reduced and shipped;</p>
<p style="text-align: right;">Page 247</p> <p>1 that.</p> <p>2 Q. Well, it didn't go to trial; you guys 3 settled. But you were aware that the team was gearing 4 up for trial against the DEA over its suspicious order 5 monitoring program? Were you aware of that?</p> <p>6 MS. DESH: Same objection.</p> <p>7 A. Again, I don't know if our legal team was 8 preparing for trial or not. I don't know.</p> <p>9 Q. (By Mr. Shkolnik) It would be a nice 10 exhibit if they were going to trial, but that's a whole 11 'nother issue.</p> <p>12 And it says that the -- it flags select 13 orders as suspicious, based on a 26-week pattern, and 14 then the key point on what was done in that first year, 15 August of 2009 to September of 2010, orders were not 16 reduced if they were flagged as suspicious. That's 17 what they're telling us; correct?</p> <p>18 A. According to the information on the slide, 19 yes.</p> <p>20 Q. Did anyone ever tell you that there was a 21 one-year period where this new SOM logic was being 22 implemented where they were flagging orders as 23 suspicious, were shipping them, and were not reducing 24 them? Did anyone ever tell you that?</p>	<p style="text-align: right;">Page 249</p> <p>1 correct?</p> <p>2 A. Looks so, according to this document, yes.</p> <p>3 Q. So then at this point they were saying 4 Phase 3, it was estimated to be implemented some time 5 in mid-2012, that it would check to see if an order was 6 placed with a vendor after -- 48 hours after it was 7 flagged.</p> <p>8 So here it's saying it was flagged based 9 on drug by store, historical pattern over 26 weeks. So 10 that stayed the same; correct?</p> <p>11 A. I don't know. I wasn't working on this at 12 the time.</p> <p>13 Q. But if we're just reading it, that's what 14 it says? It's basically the same as the top two?</p> <p>15 A. Based on this document, yes.</p> <p>16 Q. And there was a discussion during that 17 time frame to shorten the analysis period down to 13 18 weeks. Irrespective of the wording of discussion, when 19 you got involved in the RX Integrity, would I be 20 correct that it was down to 13 weeks, the algorithm, or 21 was it still 26 weeks?</p> <p>22 A. I believe it was 13 or possibly even lower 23 at the time. I can't exactly recall.</p> <p>24 Q. What would be the significance of</p>

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<p>1 shortening the period that the algorithm applies? How 2 does that affect your -- the analysis in terms of 3 observing changes and patterns?</p> <p>4 A. Again, I didn't design the algorithm. I 5 would imagine it probably makes it easier to analyze a 6 succinct piece of time easier.</p> <p>7 Q. Or it's harder to see a change if you're 8 looking at a shorter period than you're looking at a 9 longer period; isn't that also a possibility?</p> <p>10 A. I do not know. I'm not a statistician.</p> <p>11 Q. So here it's -- then it goes on to say 12 what are the takeaways of it after it's been flagged as 13 suspicious? Review and refinements of tolerance and 14 frequency threshold, confirmed action for each possible 15 scenario using a matrix.</p> <p>16 Now, then it goes on to say the Phase 4, 17 which was going to be implemented sometime in 2012 -- 18 and basically it was saying that the algorithm for 19 suspicious order monitoring would include both DC 20 orders, WAG DC orders, and vendor orders, and flag any 21 as suspicious if they exceed the threshold.</p> <p>22 When you came into SOM, was that procedure 23 in place?</p> <p>24 A. I believe it was. It's hard to recall</p>	<p>1 Q. (By Mr. Shkolnik) Would they -- would it 2 be automatic, or would someone have to look at them 3 first and determine that they're suspicious or not?</p> <p>4 MS. DESH: Same objection. Calls for 5 speculation.</p> <p>6 A. I can't really recall. I know we were 7 just starting to use a new dashboard and automation in 8 various processes. I just can't remember.</p> <p>9 Q. (By Mr. Shkolnik) I guess maybe my 10 question was kind of vague. Let me try to phrase it 11 this way. Was every reduced order automatically 12 reported to the DEA?</p> <p>13 MS. DESH: Objection. Calls for 14 speculation.</p> <p>15 Q. (By Mr. Shkolnik) When you became a 16 member of RX Integrity?</p> <p>17 MS. DESH: Same objection.</p> <p>18 A. To the best of my recollection, I believe 19 it was.</p> <p>20 Q. (By Mr. Shkolnik) That was not occurring 21 before RX Integrity came into place; correct?</p> <p>22 A. I can't speculate to how -- what they were 23 doing before I came into place.</p> <p>24 MR. SHKOLNIK: We can go to the next</p>
<p>1 exactly what changes were occurring, but I believe they 2 were already starting that.</p> <p>3 Q. Yeah, that was not a -- that was not a 4 change implemented by the new team; that was already in 5 the works before you guys -- you came in, wasn't it?</p> <p>6 A. It probably was in the works, yes.</p> <p>7 Q. And here it was saying both WAG DC, 8 Walgreens distribution center, as well as the vendor 9 orders were all reduced if they exceeded a threshold, 10 and when you got on board, that was a process that was 11 occurring in 2013; correct?</p> <p>12 A. From what I recall, yes.</p> <p>13 Q. When you joined the team, when an order 14 had been reduced, either a WAG or vendor order, was a 15 report being made to the DEA?</p> <p>16 A. Yes.</p> <p>17 Q. As soon as it was reduced?</p> <p>18 A. The same day when I was on the team, yes.</p> <p>19 Q. So once a reduction occurs, the daily 20 report would say an order came in, we reduced it, and 21 DEA, you're on notice of this?</p> <p>22 MS. DESH: Objection to the form.</p> <p>23 A. Same as the templates we looked at 24 earlier.</p>	<p>1 exhibit. That's 68.</p> <p>2 Q. (By Mr. Shkolnik) I'm going to hand you 3 Exhibit Number 014. Bates numbers is 00114602. 4 [Exhibit Walgreens-Dymon-014 5 marked for identification.]</p> <p>6 Q. This is an e-mail that went out to a large 7 group on December 7, 2012. Based upon your 8 recollection of joining the team, would it be fair to 9 say you would not have been on this distribution? I 10 know there's a lot of people here.</p> <p>11 A. Correct.</p> <p>12 Q. At this time where were you, in December 13 of 2012?</p> <p>14 A. Pharmacy manager still.</p> <p>15 Q. And was the first week of January your 16 first -- was when you began working in Integrity?</p> <p>17 A. Yes, about end of first week, start of 18 second week of January.</p> <p>19 Q. Did you have to go through an interview 20 process to be added to the team?</p> <p>21 A. Yes.</p> <p>22 Q. Were they looking for someone who had 23 store-level experience, a Pharm D, to help come onto 24 the team?</p>

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1 A. Yes.	1 this distribution.
2 Q. Had you worked with Tasha Polster before?	2 Did anyone ever tell you about this
3 A. Yes.	3 quarterly report that was being given when you first
4 Q. In what capacity?	4 got onto the team?
5 A. When I was a pharmacy intern I worked with	5 A. Not that I can recall.
6 her.	6 Q. Now, this slide was included in the
7 Q. What was her position at the time when you	7 presentation, and it refers to -- and the heading is,
8 worked with her?	8 and it's under a Walgreens PowerPoint background,
9 A. She was a pharmacy supervisor.	9 troubling trend in the United States, leading cause of
10 Q. When you were saying -- when you did those	10 death is prescription drugs.
11 sort of -- I think you said it was ridealong or	11 Were you aware that by 2011 prescription
12 something along -- you used a phrase earlier.	12 drugs was the leading cause of accidental death in the
13 A. Correct.	13 United States?
14 Q. A ridealong --	14 A. Just aware of what I heard in the media
15 A. Internship.	15 around that time.
16 Q. Were you working with -- was that with	16 Q. Did you hear anything in the company about
17 Tasha in that capacity?	17 that when you were joining RX Integrity?
18 A. Yes.	18 A. Not that I can recall.
19 Q. And when this new team was being	19 Q. Was anyone talking about the fact that DEA
20 developed, did she reach out to you and say would you	20 and governmental entities were beginning to look at the
21 be interested in coming onboard, or did you submit an	21 fact that prescription drugs were now passing illegal
22 application? How did this come about?	22 drugs, poisons, and car accidents as a number one cause
23 A. My field leaders recommended the position,	23 of death in the United States?
24 that I look into it, and she also said there's an	24 A. Not that I can recall.
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1 opportunity on my team if you'd like to look at it and	1 Q. From a pharmacy perspective, that's a
2 apply.	2 significant fact, isn't it, to all of a sudden for the
3 Q. Had you stayed in contact with Ms. Polster	3 first time in history prescription drugs are the
4 during the years in between?	4 leading cause of death in the United States, surpassing
5 A. Not really.	5 things like car accidents and illegal drugs and
6 Q. This is a presentation that occurred on	6 poisonings? Would you agree with that?
7 January 31st, 2013. You were part of -- you were now	7 A. It's a health care effect, yes.
8 part of RX Integrity at that point; correct?	8 Q. And this was an early sign of an epidemic
9 A. Correct.	9 developing in the United States related to prescription
10 Q. Did you attend this meeting with Mr.	10 drugs and death; correct?
11 Bleser and the large group of people when it occurred	11 A. To my personal understanding, yes, that
12 in January of 2013?	12 would be kind of the start of it, yes.
13 A. No.	13 MR. SHKOLNIK: And if we go to the next
14 Q. Did you work under Mr. Bleser at any point	14 slide, 614, please.
15 in time?	15 Q. (By Mr. Shkolnik) Now, here the teams
16 A. No, I did not.	16 were given an outline, which was the evolution of
17 MR. SHKOLNIK: If we could jump ahead to	17 suspicious order monitoring, with a timeline of events.
18 Bates number 4613, please.	18 And there was testimony by Mr. Bleser that this was
19 Q. (By Mr. Shkolnik) We have here a slide	19 actually prepared by the Pharmacy Integrity group to be
20 that was included in the presentation. And I believe	20 included in the quarterly presentation.
21 quite a few members of your, I think, RX Integrity team	21 Did anyone ask you for any input into
22 were on the distribution, if I'm not mistaken. I think	22 the -- into a PowerPoint on the timeline of events
23 Ms. Polster was there, and Mr. Merritello, and Mr.	23 regarding suspicious order monitoring?
24 Murray, and I believe Barb Martin. They were all on	24 A. I have may have reviewed or edited, but I

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<p>1 can't recall.</p> <p>2 Q. You worked with Ms. Polster and actually</p> <p>3 worked with her on some of the PowerPoints that were</p> <p>4 being developed for the team; am I correct?</p> <p>5 A. Correct.</p> <p>6 Q. I noticed, looking at a lot of your files,</p> <p>7 you were pretty prolific in the PowerPoint area. Were</p> <p>8 you -- did she like rely on you in some way to help her</p> <p>9 when she was doing her PowerPoint presentations?</p> <p>10 A. As a reviewer or to assemble graphics and</p> <p>11 stuff, yes.</p> <p>12 Q. So here one of -- the timeline starts with</p> <p>13 pre-August of 2010. Were you aware that there was a</p> <p>14 steady increase in Florida pill mills and prescribers</p> <p>15 dispensing medication? Did you know that that was like</p> <p>16 a problem going on down in Florida?</p> <p>17 A. Not in 2010, no.</p> <p>18 Q. Did you ever become aware that one of the</p> <p>19 problems with respect to the prescription drug deaths</p> <p>20 increase was related to increase in Florida pill mills?</p> <p>21 MS. DESH: Objection to the form.</p> <p>22 A. Not at that time, no.</p> <p>23 MR. SHKOLNIK: Before I go through this</p> <p>24 whole -- it's going to be a while on this. Let's take</p>	<p>1 Q. And the next milestone is October 2010 to</p> <p>2 March 2010 (sic). There is a dramatic increase in the</p> <p>3 number of opioid pain medication prescriptions seen at</p> <p>4 retail stores.</p> <p>5 Did you become aware of that first while</p> <p>6 you were still working in the pharmacy setting?</p> <p>7 A. Not that I can recall, no.</p> <p>8 Q. When you got into Pharmaceutical</p> <p>9 Integrity, did you become aware that, as an industry,</p> <p>10 there had been -- that the big chain pharmacy companies</p> <p>11 saw a dramatic increase in opioid pain medication</p> <p>12 prescriptions that were triggered as a result of</p> <p>13 Florida's change in its law regarding dispensing of</p> <p>14 pain medication at doctor's offices or pill mills?</p> <p>15 A. When I entered into RX Integrity, I became</p> <p>16 aware of Florida.</p> <p>17 Q. And you then became aware that there was a</p> <p>18 problem with what was known as pill mills; am I</p> <p>19 correct?</p> <p>20 A. Correct, through the media.</p> <p>21 Q. And there were pill mills here in the</p> <p>22 Chicagoland area, weren't there?</p> <p>23 A. There may have been. I'm not aware.</p> <p>24 Q. Never heard of any pill mills in this</p>
<p style="text-align: center;">Page 259</p> <p>1 a five-minute; okay?</p> <p>2 THE VIDEOGRAPHER: We're off the record at</p> <p>3 3:39 PM.</p> <p>4 [A brief recess was taken.]</p> <p>5 THE VIDEOGRAPHER: We are back on the</p> <p>6 record at 3:56 PM.</p> <p>7 Q. (By Mr. Shkolnik) Mr. Dymon, the next</p> <p>8 milestone on this timeline is October 2010. It says a</p> <p>9 change in Florida legislation restricts prescriber</p> <p>10 dispensing to only 72-hour supply of pain medication.</p> <p>11 Is that something you became aware of as a</p> <p>12 practicing pharmacist back in those days, that there</p> <p>13 were changes being implemented in Florida related to</p> <p>14 the prescription of pain medications and doctor</p> <p>15 prescriptions?</p> <p>16 A. No, not at that time.</p> <p>17 Q. At a later time did you become aware of</p> <p>18 that?</p> <p>19 A. When I was in Integrity.</p> <p>20 Q. And was this timeline that we're seeing</p> <p>21 here something that was discussed ultimately while you</p> <p>22 were in Integrity, as it relates to Florida?</p> <p>23 A. Various timelines where there may have</p> <p>24 been something around Florida.</p>	<p style="text-align: center;">Page 261</p> <p>1 area?</p> <p>2 A. Not that I can recall.</p> <p>3 Q. Never heard of it being any type of a</p> <p>4 problem that there were pain medication pill mills</p> <p>5 popping up even here in Illinois?</p> <p>6 A. Not that I was aware of.</p> <p>7 Q. Did the Walgreens stores where you were</p> <p>8 working, did they exhibit any increase in opioid sales</p> <p>9 over the years you were there?</p> <p>10 A. Not that I know of.</p> <p>11 Q. So when you were -- when you were a</p> <p>12 floating pharmacist and then you became a manager of</p> <p>13 pharmacies, you yourself did not see any escalation of</p> <p>14 opioid prescriptions over the years, like a trending</p> <p>15 up, between the 2004 time frame and 2011, when you</p> <p>16 stopped -- I'm sorry, 2012, when you stopped?</p> <p>17 A. Not that I can recall.</p> <p>18 Q. Wasn't it a fact in the industry that</p> <p>19 there was a -- in your industry, as a pharmacist,</p> <p>20 wasn't it common knowledge that opioids, the filling of</p> <p>21 opioid prescriptions and the prescription numbers, were</p> <p>22 increasing exponentially over the years from early</p> <p>23 2000s up through 2013 or 2012? Wasn't that just</p> <p>24 well-known in your industry?</p>

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1        MS. DESH: Objection to the form.	1        A. No, not at this time.
2        A. Not to my own personal knowledge or	2        Q. How about prior to 2012?
3 recollection at that time, no.	3        A. I may have been a part of the Illinois
4        Q. (By Mr. Shkolnik) You didn't go to any	4        Pharmacists Association at one point, was a member for
5 continuing pharmacy education programs where that was	5        a short time, but it may have been around 2014, 2015.
6 talked about?	6        I don't remember.
7        A. Not that I can recall.	7        Q. During that time did you receive
8        Q. You didn't go to any task force meetings	8        communications from the Illinois Pharmacists
9 in your state where this was discussed or anything like	9        Association related to increasing opioid prescriptions?
10 that?	10      A. Not that I can recall.
11      A. No, not that I can recall.	11      Q. So in October 2010 to March of 2011 you
12      Q. Were you a member of any organizations	12      did become aware that the pharmacies -- the retail
13 here in your state for pharmacists?	13      pharmacies were seeing dramatic increases of opioid
14      A. Not that I -- not at that time that I	14      pain medications in the state of Florida? That's
15 remember, no.	15      something you did become aware of?
16      Q. Did you receive any communications from	16      A. Not at that time, no.
17 any -- from the pharmacy boards of the state of	17      Q. But later?
18 Illinois talking about increasing prescriptions of	18      A. Yes.
19 opioids over the last decade, 2000 to 2010, 2012?	19      Q. And then you also became -- later then,
20 Anything from them?	20      July 2011, Florida prohibited practitioners from
21      A. No, not that I recall.	21      dispensing C-II and C-IIIIs except very limited
22      Q. Are you still a licensed pharmacist here	22      transactions or instances. You became aware of that
23 in the state of Illinois?	23      ultimately?
24      A. Yes, I am.	24      A. Correct.
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1        Q. Have you always remained a licensed	1        Q. And when you were in the Pharmacy
2 pharmacist from the time you first got your license?	2        Integrity unit, did this issue come up in terms of
3        A. Yes.	3        explaining the history of why the DEA was taking action
4        Q. Do you receive communications from the	4        against Walgreens as well as other pharmacies and
5 pharmacy board from your state periodically?	5        distributors in the United States?
6        A. Occasionally, yes.	6        A. Yes, in general.
7        Q. Did -- as you sit here today, is it your	7        Q. And then the next page talks about the
8 testimony you've received no communications from the	8        2012 timeline going into 2013. And it says there was
9 pharmacy board of Illinois related to opioid	9        administrative inspection warrants in the six stores
10 prescription and habits of prescriptions?	10      and Jupiter distribution center. We talked about that
11      A. To my recollection, I do not recall	11      earlier, you did become aware of that; correct?
12 receiving any communications around that.	12      A. Correct.
13      Q. Does the pharmacy board sometimes issue	13      Q. And then May to June of 2012, eight stores
14 periodic publications to its members?	14      voluntarily removed all C-II products, Xanax and Soma,
15      A. I do not know if they issue publications.	15      and in that time period the relaunch of good faith
16 They may on their website. I don't go to it or I'm not	16      dispensing policy.
17 a board member or anything like that with the board.	17      Does that refresh your recollection as to
18      Q. No, I'm just saying as a member do you get	18      when the GFD was relaunched in Walgreens?
19 communications from the pharmacy board?	19      A. Potentially when I was in the field at
20      A. I may get one e-mail a year about license	20      that time, probably, yes.
21 renewals. That's about it.	21      Q. Did you go through the training at that
22      Q. Are you a member of any societies of	22      point in time, the GFD training?
23 pharmacies or any other type of organizations for	23      A. If it was launched to everyone at the
24 pharmacists?	24      stores, I would have. I just can't recall or remember

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<p>1 how it was done.</p> <p>2 Q. If you had gone through the GFD training</p> <p>3 module that was released to all the pharmacists and</p> <p>4 stores, would that have been something that you would</p> <p>5 have done online through like their WalNet or some</p> <p>6 other pharmacy -- Walgreens interface?</p> <p>7 A. Yes.</p> <p>8 Q. Is that something that would have been</p> <p>9 kept in your personnel file to show that you actually</p> <p>10 completed good faith dispensing training?</p> <p>11 A. Potentially either at store level, or I</p> <p>12 don't know if it's stored in a database or something</p> <p>13 along those lines. I'm not sure.</p> <p>14 Q. As you sit here today, do you recall if</p> <p>15 you completed any relaunched good faith dispensing</p> <p>16 policy training program?</p> <p>17 A. I may have. I just can't recall that far</p> <p>18 back.</p> <p>19 Q. Then it says September 2012 an ISO was</p> <p>20 issued for Jupiter distribution center, and in November</p> <p>21 an order to show cause was issued for the three Florida</p> <p>22 pharmacies.</p> <p>23 Were you aware of that when this was</p> <p>24 occurring? Did you hear about that through the</p>	<p>1 over time and they would recommunicate or relaunch</p> <p>2 changes to policy or procedures.</p> <p>3 Q. Because they were under the microscope of</p> <p>4 the DEA; correct?</p> <p>5 MS. DESH: Objection to the form.</p> <p>6 A. I don't know if it was due to that.</p> <p>7 Q. (By Mr. Shkolnik) Well, when you were in</p> <p>8 Pharmacy Integrity, you did know that a big part of the</p> <p>9 Pharmacy Integrity program was the relaunch of GFD and</p> <p>10 implementing the processes as a result of the DEA</p> <p>11 action against Walgreens? That's something that was</p> <p>12 made very clear to you, wasn't it?</p> <p>13 A. In general, as part of the DEA -- I mean,</p> <p>14 yes, that would probably be one part of it, but again</p> <p>15 it's a policy procedural update that would be</p> <p>16 communicated out.</p> <p>17 Q. I agree, and it's a good policy procedure</p> <p>18 update to be communicated out. But it was triggered</p> <p>19 because the DEA had taken action against the company,</p> <p>20 and one of the steps the company was taking in response</p> <p>21 to that was let's relaunch GFD, good faith dispensing,</p> <p>22 policy; correct?</p> <p>23 MS. DESH: Objection. Calls for</p> <p>24 speculation.</p>
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<p>1 Walgreens network or through other channels?</p> <p>2 A. No.</p> <p>3 Q. Was there word being released by the</p> <p>4 company to all the stores, we're having a problem with</p> <p>5 our Florida stores and our distribution center, we want</p> <p>6 you to be aware of it, we want you to be more in tuned</p> <p>7 into your prescription processing with respect to</p> <p>8 controlled substances -- anything like that?</p> <p>9 MS. DESH: Objection to the form.</p> <p>10 A. Not that I can recall.</p> <p>11 Q. (By Mr. Shkolnik) Did you have any</p> <p>12 understanding as to why the company was relaunching a</p> <p>13 good faith dispensing policy right around the time when</p> <p>14 they had just been served with inspections and warrants</p> <p>15 in Florida?</p> <p>16 A. I can't recall why they were launched.</p> <p>17 They might have evolved the policy over time.</p> <p>18 Q. So after you joined -- after you joined</p> <p>19 Pharmaceutical Integrity, did you reach a conclusion</p> <p>20 that the relaunch of good faith dispensing was</p> <p>21 unrelated to DEA action, that this was just Walgreens</p> <p>22 looking to be a good pharmacy? Is that your</p> <p>23 understanding?</p> <p>24 A. My understanding is the policy evolved</p>	<p>1 A. Again, to my understanding, part of</p> <p>2 whatever agreement with DEA is part of educating our</p> <p>3 team members, so I would assume it would be tied to</p> <p>4 that.</p> <p>5 Q. (By Mr. Shkolnik) And if we go to the</p> <p>6 next page, I just want to jump down to January of 2013.</p> <p>7 So now you're part of Integrity, and it says sanction</p> <p>8 prescriber pilot begins in New Jersey and Pennsylvania.</p> <p>9 What is a sanction prescriber pilot? What</p> <p>10 was that as part of Integrity?</p> <p>11 A. A prescriber of interest or concern that</p> <p>12 we were looking into not filling prescriptions for</p> <p>13 anymore.</p> <p>14 Q. And that was then launched on a wider</p> <p>15 basis, was it not?</p> <p>16 A. It was limited by state or region. It</p> <p>17 wasn't like nationwide.</p> <p>18 Q. Do you know if it was done in Florida?</p> <p>19 A. It may have been, but I can't recall.</p> <p>20 Q. Do you know if it was done in Ohio?</p> <p>21 A. I can't recall.</p> <p>22 Q. Do you know if it was done in Illinois?</p> <p>23 A. Not that I can recall.</p> <p>24 Q. And was the sanction prescriber program</p>

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<p>1 tied to the top 100, 500 work that Mr. Bratton was  2 working on and you were supporting?</p> <p>3 A. I believe so, yes.</p> <p>4 Q. And that was -- the thought behind that  5 was let's look for some -- if we can through our  6 databases and through our systems and whatever we can  7 accumulate determine that some doctors are engaging in  8 questionable practices, you as a company can take some  9 action preemptively with them to prevent C-II to C-V  10 prescriptions from being processed; correct?</p> <p>11 A. Correct.</p> <p>12 Q. And that was -- I think your team would  13 say that was something you were proud of, is that you  14 came up with this type of a plan to try to preemptively  15 take steps to avoid the potential for filling of  16 improper prescriptions; correct?</p> <p>17 A. Correct. It was one of the first things  18 we worked on, yes.</p> <p>19 Q. Then it says February 2013, the DEA  20 administrative hearings began. Does this refresh your  21 recollection that they were actually starting the  22 processes where the DEA was taking action against the  23 company and the company was taking action back in  24 response against the DEA?</p>	<p>1 trying to make the system more robust so you had more  2 accurate information?</p> <p>3 A. To make it easier on the staff member --  4 to look it up.</p> <p>5 Q. So it would be in the database, and they  6 could look into your database to put in the DEA number,  7 and it would say active, not active; correct?</p> <p>8 A. Correct.</p> <p>9 Q. Was that part of -- was that another one  10 of the steps of the RX Integrity team in response to  11 trying to make the suspicious order monitoring system  12 more robust?</p> <p>13 A. Just another kind of compliance effort by  14 the RX Integrity team around DEA.</p> <p>15 Q. And then it says -- what is a DEA CAP  16 override? That's the part I was not understanding.</p> <p>17 A. CAP is a consultation program.</p> <p>18 Q. What is that, if you could tell us?</p> <p>19 A. It's a program that a pharmacist can use  20 and put notes on a patient after consulting with a  21 patient, and can be used for clinical checks or other  22 information.</p> <p>23 Q. And what does it mean to have a DEA CAP  24 override?</p>
<p style="text-align: center;">Page 271</p> <p>1 MS. DESH: Objection to the form.</p> <p>2 A. I'm aware of Walgreens and the DEA  3 communicating and meeting, so yes.</p> <p>4 Q. (By Mr. Shkolnik) Now, if we can go to  5 the next slide. That's 617. And it says RX operations  6 taking steps at the store level. Relaunched Walgreens  7 good faith dispensing policy across the chain. We  8 talked about that already.</p> <p>9 Then it says implementing pilots, target  10 drug good faith dispensing, and prescriber sanctioning  11 in New Jersey and Pennsylvania. That's what we just  12 talked about; correct?</p> <p>13 A. Correct.</p> <p>14 Q. Then it says invalid prescriber DEA  15 removal from IC and DEA CAP override. Could you tell  16 us what that is?</p> <p>17 A. From what I recall, this was just  18 maintaining our own prescriber database and just  19 removing old prescribers with inactive DEAs from the  20 system.</p> <p>21 Q. Was there -- for a period was there -- you  22 identified a problem where pharmacists were having a  23 hard time determining if someone had a valid or invalid  24 DEA license who was issuing prescriptions, and you were</p>	<p style="text-align: center;">Page 273</p> <p>1 A. I'm not aware because I didn't work on  2 this or develop it, so I can't speculate to what it was  3 doing. I don't know.</p> <p>4 Q. And then it says top 500, 100 store  5 indexing report. Can you just briefly tell us what  6 that is?</p> <p>7 A. That's Mr. Bratton's prescriber list and  8 store list of top 100 or 500 that he started  9 developing.</p> <p>10 Q. And once again, this was all part of what  11 you guys were doing at RX Integrity at that point?</p> <p>12 A. To the best of my knowledge, yes.</p> <p>13 Q. And now if we could jump ahead to Bates  14 numbered 619. And here it says SOM Version 5.5 is an  15 industry-leading enhancement to SIMS.</p> <p>16 Now, when you became part of the team in  17 January of 2013 -- we had gone through the various  18 phases from Exhibit 013, and we had left off at Phase  19 4. According to this document in 2013, your company  20 was now at Version 5.5, and this appears to be an  21 outline of it. Do you recall a release of 5.5 at that  22 time?</p> <p>23 A. I know the system was still evolving and  24 being developed and we were brought in to work in the</p>

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<p>1 last part of it. So --</p> <p>2 Q. And here it says -- giving you a -- it's</p> <p>3 giving a recap of what the program is, and it says the</p> <p>4 program enhancement to SIMS to impact the ordering</p> <p>5 process of all controlled substances. Now, it goes</p> <p>6 down and it says part of the calculations use an</p> <p>7 accumulation of receipts of each controlled substances</p> <p>8 over the last six weeks.</p> <p>9 So by the time you joined the team, is</p> <p>10 this -- does this refresh your recollection that the</p> <p>11 lookback period is receipts going back six weeks, as</p> <p>12 opposed to the 26 weeks and the 13 weeks which we</p> <p>13 looked at in earlier documents?</p> <p>14 A. Yes, to the best of my recollection.</p> <p>15 Q. Now, as you sit here today, do you have</p> <p>16 any understanding as why they would reduce the lookback</p> <p>17 period down to six weeks versus 13 or 26 or 52 weeks,</p> <p>18 in terms of determining what was a suspicious order?</p> <p>19 A. Again, my knowledge was just -- I'm not a</p> <p>20 statistician, but I imagine it's just a more finite</p> <p>21 period of time where it's easier for us to look through</p> <p>22 orders and understand what could be going on with that</p> <p>23 order.</p> <p>24 Q. But let's assume there is a progressive</p>	<p>1 ceiling thresholds. And that's what was in place when</p> <p>2 you joined the team; correct?</p> <p>3 A. Correct.</p> <p>4 Q. Did you tell stores that they were</p> <p>5 approaching ceiling thresholds?</p> <p>6 A. Not directly that I can recall, no.</p> <p>7 Q. If a store -- if a pharmacist went into</p> <p>8 the SIMS system, or whatever they had at their level,</p> <p>9 could they determine if they were approaching ceiling</p> <p>10 limits?</p> <p>11 A. No, the store would not, no.</p> <p>12 Q. Other than receiving sort of the flash</p> <p>13 screen that says you need to do an override, is there</p> <p>14 any other way for the pharmacist to know that their</p> <p>15 store for that product was either approaching or</p> <p>16 surpassing either tolerance or ceiling?</p> <p>17 A. Not at this time that I can recall.</p> <p>18 Q. Would an override form be required if an</p> <p>19 order exceeded tolerance but was below ceiling?</p> <p>20 A. To my recollection, I believe so, yes.</p> <p>21 Q. So it required both?</p> <p>22 A. I believe so.</p> <p>23 Q. And again -- and I don't know if I asked</p> <p>24 it earlier. If there was a -- an exceed tolerance and</p>
<p style="text-align: center;">Page 275</p> <p>1 increase of the ceiling over a year's time. If you</p> <p>2 were to look -- take a look back at a year, you'd be</p> <p>3 able to see the increase over time, whereas if you</p> <p>4 looked back only say six weeks you may only see a small</p> <p>5 little piece of what's been happening; correct?</p> <p>6 A. Potentially.</p> <p>7 Q. I mean, 52 weeks you may be able to see an</p> <p>8 actual slope, but if you look at six weeks you may see</p> <p>9 very little change in terms of the overall number of</p> <p>10 receipts that the store is really seeing over a long</p> <p>11 period of time; correct?</p> <p>12 A. I do not know.</p> <p>13 Q. And it goes on to say tolerance and</p> <p>14 ceiling limits are applied to individual orders at the</p> <p>15 store level. Once again, that was the most up-to-date</p> <p>16 version, they were doing tolerance and ceilings;</p> <p>17 correct?</p> <p>18 A. To the best of my understanding, yes.</p> <p>19 Q. Limits can be adjusted to account for</p> <p>20 unique business needs. That was something in place at</p> <p>21 the time?</p> <p>22 A. Yes.</p> <p>23 Q. And then it goes to say dashboard monitors</p> <p>24 and flags orders of interests and stores approach</p>	<p style="text-align: center;">Page 277</p> <p>1 a reduction, and you still remained under ceiling,</p> <p>2 would that automatically be reported to the DEA?</p> <p>3 MS. DESH: Objection to the form. Calls</p> <p>4 for speculation.</p> <p>5 A. I believe over time that all became</p> <p>6 automatically reported to the DEA.</p> <p>7 Q. (By Mr. Shkolnik) But you don't know at</p> <p>8 what point that --</p> <p>9 A. I can't recall.</p> <p>10 Q. But you do know there was a period where</p> <p>11 it was not automatically reported; correct?</p> <p>12 A. Correct.</p> <p>13 Q. I'm going to hand you a document which I'm</p> <p>14 going to mark as 015, Exhibit 015, and it's Bates</p> <p>15 numbered 00577118.</p> <p>16 [Exhibit Walgreens-Dymon-015</p> <p>17 marked for identification.]</p> <p>18 MR. SHKOLNIK: Is it easier if I say to</p> <p>19 you the WAG number? Is that --</p> <p>20 TRIAL TECHNICIAN: She's got it. We're</p> <p>21 good.</p> <p>22 MR. SHKOLNIK: Okay. I just realized that</p> <p>23 this whole -- I'm going to hand you the document.</p> <p>24 Q. (By Mr. Shkolnik) Handing you an e-mail</p>

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<p>1 dated January 29, 2013. It's from Tasha Polster -- I'm      2 sorry -- yeah, it's from Tasha Polster to a group of      3 people including yourself. And it references some type      4 of meeting, and there's an attachment. And this is      5 a -- this is for a status meeting.</p> <p>6 When you joined the team, was one of the      7 things that was implemented, one of the processes      8 implemented by Tasha Polster was that the teams would      9 have regular meetings, you'd prepare agendas for      10 discussion at the meetings?</p> <p>11 A. Yes.</p> <p>12 Q. And I notice there's quite a few of them.      13 Would you attend those as part of that team?</p> <p>14 A. Yes.</p> <p>15 Q. If we look at the agenda. This one is      16 written to Rex Swords. It's dated November 30, 2012.      17 Rex Swords was Tasha Polster's superior; am I correct?</p> <p>18 A. Correct.</p> <p>19 Q. And here it's -- so this is before you      20 joined the team, and it seems to be an outline of      21 things that were being considered and implemented. In      22 the first one, it says -- I'm sorry -- the second one,      23 it says SOM meetings, work group has been put together      24 to begin the determination between suspicious order and</p>	<p>1 already were doing that.</p> <p>2 Q. Now, did you ever ask anybody, hey, why      3 are we changing the wording from in the past being      4 suspicious order to now being orders of interest? Did      5 you ever say that to someone, why was that done?</p> <p>6 A. Not that I can recall.</p> <p>7 Q. Would you agree with me if something is an      8 order of interest it's not required to be reported to      9 the DEA, but if it's deemed to be a suspicious order it      10 must be reported to the DEA if it shipped?</p> <p>11 MS. DESH: Objection. Calls for a legal      12 conclusion.</p> <p>13 A. I don't know if it would differ between      14 using those two words, to be honest.</p> <p>15 Q. (By Mr. Shkolnik) Well, you only reported      16 confirmed suspicious orders when you joined the team;      17 correct?</p> <p>18 A. That or orders of interest. I can't -- I      19 think we used orders of interest from when I started on      20 the team. It's just hard to recall that far back.</p> <p>21 Q. So just so I understand, was every order      22 that was deemed an order of interest reported to the      23 DEA?</p> <p>24 MS. DESH: Objection. Calls for</p>
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<p>1 order of interest.</p> <p>2 Did you participate in any meetings where      3 this topic was discussed? We are going to no longer      4 refer to what the algorithm puts out as suspicious      5 order, but we're going to consider the order of      6 interest, and then implement a review process.</p> <p>7 A. I was in meetings they talked about order      8 monitoring, but that was about it.</p> <p>9 Q. But there was -- up until November of      10 2012, the company referred to what came out of the      11 computer system as a suspicious order, and for the      12 first time I see in documents in November of 2012 that      13 there is a discussion about whether or not this should      14 be suspicious order and an order of interest.</p> <p>15 Was that a topic in meetings that you      16 participated in?</p> <p>17 A. Not that I can recall, no.</p> <p>18 Q. From the time you came on board, were they      19 referred to as orders of interest if the computer      20 generated violations of either the ceiling or the      21 tolerance, or were they called suspicious orders?</p> <p>22 A. I believe we were already starting -- I      23 believe we were already calling them order of interest      24 when I started. It's hard to recall, but I think we</p>	<p>1 speculation.</p> <p>2 A. To my recollection, we would review an      3 order of interest and understand that order and then      4 make that determination, as you put, thumbs-up,      5 thumbs-down.</p> <p>6 Q. And then once you did a thumb-up, you      7 could ship it and it wasn't a reportable event; if you      8 did a thumbs-down, you determined it was suspicious,      9 you didn't ship it, and you reported it as part of that      10 daily spreadsheet to the DEA?</p> <p>11 MS. DESH: Same objection.</p> <p>12 Q. (By Mr. Shkolnik) Correct?</p> <p>13 A. To the best of my recollection, yes.</p> <p>14 Q. Did you ever ask anybody why they didn't      15 do that previously, why that type of process wasn't in      16 place for all of those flagged orders?</p> <p>17 A. Not that I can recall.</p> <p>18 Q. The next thing on the list is the American      19 Academy of Pain Management, document prepared and will      20 be sent to AAPM this weekend for review.</p> <p>21 Did you ever see any documents that were      22 prepared by the RX Integrity group regarding some type      23 of an appearance or submission to the board of the      24 American Academy of Pain Management?</p>

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<p>1        A. Yes.</p> <p>2        Q. Tell us about that, please, if you would.</p> <p>3        A. All I can recall is it was a general</p> <p>4 document, and I just believe I was just reviewing it</p> <p>5 for words or word selection.</p> <p>6        Q. Do you know what they were asking of the</p> <p>7 AAPM?</p> <p>8        A. I'd have to read the document, but if I</p> <p>9 recall I believe it was to get their support on how do</p> <p>10 we work together to address opioids.</p> <p>11        MR. SHKOLNIK: If you could add to that</p> <p>12 list at the end, if you would, I would ask that there</p> <p>13 be a production of the communications with AAPM,</p> <p>14 because from what we've seen to date we have not</p> <p>15 received that, as well as the responses back from the</p> <p>16 board and any follow-up work.</p> <p>17        Q. (By Mr. Shkolnik) It goes on two sections</p> <p>18 down, sanctioning of prescribers. A meeting held with</p> <p>19 loss prevention, field LP/MPD/EPD. What is an LP?</p> <p>20 That's loss prevention; am I correct?</p> <p>21        A. Correct.</p> <p>22        Q. MPD. What's that?</p> <p>23        A. It's a market pharmacy director.</p> <p>24        Q. Where do they come into the level of</p>	<p>1 would ask that you would add that to the list, please.</p> <p>2        Q. (By Mr. Shkolnik) And the next thing is</p> <p>3 target drug good faith dispensing, and it says pilot to</p> <p>4 launch December 1. So by the time you got there, it</p> <p>5 was already launched; correct?</p> <p>6        A. To my recollection, yes.</p> <p>7        Q. And it says Chuck's group going to Vegas</p> <p>8 mid-December to see pilot live. Who's Chuck?</p> <p>9        A. I do not know.</p> <p>10        Q. And we don't know what was redacted there</p> <p>11 as it says attorney-client privilege, so we'll skip</p> <p>12 that.</p> <p>13        Next section will be IMs. Do you know</p> <p>14 what IMs is?</p> <p>15        A. IMS. They're a company that does health</p> <p>16 care data.</p> <p>17        Q. I now have access to the demo tool, have</p> <p>18 been working with Ray Stukel to learn the ins and outs</p> <p>19 of using it.</p> <p>20        Is this the same Ray that we saw in a</p> <p>21 prior document that was utilizing Tableau --</p> <p>22        A. Yes.</p> <p>23        Q. -- to run reports? When you joined RX</p> <p>24 Integrity, was the IMS data available to RX Integrity?</p>
<p style="text-align: center;">Page 283</p> <p>1 hierarchy with the pharmacies?</p> <p>2        A. Pharmacy supervisor would report, I</p> <p>3 believe, at that time to a market pharmacy director.</p> <p>4        Q. And what's an EPD?</p> <p>5        A. Executive pharmacy director.</p> <p>6        Q. So that's even above MPD?</p> <p>7        A. Correct.</p> <p>8        Q. And then who does EPD respond to -- report</p> <p>9 to?</p> <p>10        A. I believe, if I recall, it was the vice</p> <p>11 president for that region or operation.</p> <p>12        Q. Then it goes on to say looking to finalize</p> <p>13 the decision of sanctioning nine out of 13 prescribers</p> <p>14 for the pilot, will need to finalize all documents for</p> <p>15 media and internal communications.</p> <p>16        Did you ever see any of the documents</p> <p>17 related to the sanctioning of physicians -- I'm</p> <p>18 sorry -- prescribers, as well as documents for media</p> <p>19 and the internal communications related to the</p> <p>20 sanctioning of prescribers?</p> <p>21        A. I believe I may have seen the letter used</p> <p>22 in the sanctioning pilot, but I did not see any media</p> <p>23 or other communications that I can recall.</p> <p>24        MR. SHKOLNIK: Neither did we, and we</p>	<p style="text-align: center;">Page 285</p> <p>1        A. Not that I can recall when I first</p> <p>2 started, not yet.</p> <p>3        Q. But at some point it became one of the</p> <p>4 tools available to RX Integrity, was it not?</p> <p>5        A. Yes, over time, yes.</p> <p>6        Q. And that helped you in determining --</p> <p>7 doing your job in terms of approving suspicious order</p> <p>8 monitoring, was it not?</p> <p>9        MS. DESH: Objection to the form.</p> <p>10        A. That data was around prescribers, so it</p> <p>11 helped more with the top 500 prescribers or top 100</p> <p>12 prescribers.</p> <p>13        Q. (By Mr. Shkolnik) But it was utilized by</p> <p>14 your RX Integrity team; correct?</p> <p>15        A. Correct.</p> <p>16        Q. Do you know if they were using a Tableau</p> <p>17 interface to access the IMS data?</p> <p>18        A. I do not know at this time how they were</p> <p>19 accessing it.</p> <p>20        Q. Did you access it yourself?</p> <p>21        A. Not at this time, no.</p> <p>22        Q. At some other time?</p> <p>23        A. When it became available to us, it was a</p> <p>24 web-based portal.</p>

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<p>1       Q. And how did you use it primarily?</p> <p>2       A. Just to look up prescriber information.</p> <p>3       Q. So if potentially suspicious orders made</p> <p>4       its way up to you to take a look at, if some of the</p> <p>5       information was contained from the store level that was</p> <p>6       available to you, you could actually go into IMS and</p> <p>7       look at that prescriber and see if there's some history</p> <p>8       with that prescriber in terms of the medications?</p> <p>9            MS. DESH: Objection to the form.</p> <p>10       A. From what I recall, the tool was just</p> <p>11       high-level what drugs the prescriber prescribes and how</p> <p>12       many approximately. It was more of just a high-level</p> <p>13       demographic type of tool.</p> <p>14       Q. (By Mr. Shkolnik) But it would help you</p> <p>15       if you're looking at potentially -- at an order of</p> <p>16       interest, and you're being asked to be the thumbs-up or</p> <p>17       thumbs-down, you had that as a tool you could access</p> <p>18       between yourself or your team during the year you were</p> <p>19       there?</p> <p>20            MS. DESH: Objection to the form.</p> <p>21       A. I could assist in reviewing or answering</p> <p>22       questions from the field around any prescribers or</p> <p>23       reason, yes.</p> <p>24       Q. (By Mr. Shkolnik) Thank you. The last</p>	<p>1       What does TD mean?</p> <p>2       A. Target drug.</p> <p>3       Q. And was a target drug GFD -- is that you</p> <p>4       made PowerPoints directly to certain types of drugs?</p> <p>5       A. To the whole principle or concept of</p> <p>6       target drug good faith dispensing.</p> <p>7       Q. And was that something that you worked on</p> <p>8       personally?</p> <p>9       A. Yes.</p> <p>10       Q. And then it says -- what's StoreNet via</p> <p>11       Stellant?</p> <p>12       A. StoreNet is our internal website.</p> <p>13       Q. So the GFD PowerPoints could be uploaded</p> <p>14       to this platform so people can utilize it or access it?</p> <p>15       A. Any content could be uploaded for stores</p> <p>16       to utilize, yes.</p> <p>17       Q. It goes on to say that there was</p> <p>18       webinars -- one was hosted in Knoxville, and there was</p> <p>19       a complete webinar and Q&amp;A for corporate and district</p> <p>20       teams.</p> <p>21       Were these the GFD, good faith dispensing,</p> <p>22       programs that you were hosting and putting together?</p> <p>23       A. Yes, good faith and target drug good</p> <p>24       faith.</p>
<p style="text-align: center;">Page 287</p> <p>1       thing is decentralization of EPSC audit process. Do</p> <p>2       you know what EPSC is?</p> <p>3       A. That's electronic prescribing.</p> <p>4       Q. And what is in -- what is electronic</p> <p>5       prescribing?</p> <p>6       A. When a prescriber sends a prescription</p> <p>7       electronically or digitally to a pharmacy.</p> <p>8       Q. Actually, that's something that's become</p> <p>9       more common today, and it helps with avoidance of</p> <p>10       forging prescriptions, does it not?</p> <p>11       A. Ensures prescription integrity from the</p> <p>12       prescriber to the pharmacy.</p> <p>13       MR. SHKOLNIK: We can go to this one. I</p> <p>14       have an agenda from -- or status, I should say -- for</p> <p>15       January 28th, 2013. We're going to mark as Exhibit</p> <p>16       016. Handing it to counsel. Bates numbered 00708763.</p> <p>17       [Exhibit Walgreens-Dymon-016</p> <p>18       marked for identification.]</p> <p>19       Q. (By Mr. Shkolnik) This is now -- the</p> <p>20       agenda is now being sent from Tasha Polster to you with</p> <p>21       a status. Just going to go through some sections of</p> <p>22       it. Under that section that says redacted by -- I'm</p> <p>23       sorry, redacted as attorney-client privilege. The next</p> <p>24       one says created TD GFD parameters pilot PowerPoint.</p>	<p style="text-align: center;">Page 289</p> <p>1       Q. Now, at the bottom it says created compass</p> <p>2       communication for CAP block screens. What is that</p> <p>3       referencing?</p> <p>4       A. That's, again, our clinical CAP block</p> <p>5       system, and probably we were working on developing some</p> <p>6       kind of clinical or informative block for stores on</p> <p>7       prescriptions.</p> <p>8       Q. If we could jump down to NACDS. What is</p> <p>9       the NACDS?</p> <p>10       A. It's the national counselor industry for</p> <p>11       pharmacy.</p> <p>12       Q. Are you personally a member of it?</p> <p>13       A. I am not.</p> <p>14       Q. Is Walgreens a member of it, to your</p> <p>15       knowledge?</p> <p>16       A. I believe Walgreens and other pharmacies</p> <p>17       are all members of it.</p> <p>18       Q. And it says completed best practices for</p> <p>19       working NACDS document regarding red flags in</p> <p>20       controlled substance dispensing with Patty Daugherty.</p> <p>21       Did you work on that project at all?</p> <p>22       A. This was a document that a NACDS worker</p> <p>23       created, and we were just giving our input and</p> <p>24       comments.</p>

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<p>1 Q. Who else from your group was putting 2 comments into this NACDS document regarding red flags 3 and controlled substance dispensing?</p> <p>4 A. From what I recall, Patty and I worked on 5 it. I'm not sure if anyone else worked on it after us. 6 I don't know.</p> <p>7 Q. Have you seen the final of that document?</p> <p>8 A. I may have, but I can't recall. I can't 9 remember.</p> <p>10 MR. SHKOLNIK: I haven't seen it either. 11 We'd also add to the list that we be provided with the 12 NACDS documents and any communications related to that.</p> <p>13 Q. (By Mr. Shkolnik) Next section. 14 Controlled substance reporting district store level 15 Tableau reports. This is another time that we're 16 seeing that Tableau was being utilized. And here it 17 says goal to visually summarize CSOM data into a useful 18 and usable document on the district and store level.</p> <p>19 Did you ever see any of those Tableau 20 reports for usable -- which contained usable data from 21 district and store level?</p> <p>22 A. We had some mockups. We were trying to 23 see if the tool could work and actually put the data in 24 a nice format for a field leader or a store to see,</p>	<p>1 C-II -- hydrocodone was now deemed to be a C-II in at 2 least one state?</p> <p>3 A. I don't remember in 2013 where it was 4 scheduled as a C-II. I just -- I don't recall.</p> <p>5 Q. Well, it says here that hydrocodone class 6 change in New York. So there was some work being done 7 in terms of your systems to reflect that; correct?</p> <p>8 A. Correct, but I don't know if it was in 9 January of 2013. I don't recall when New York 10 up-scheduled it.</p> <p>11 Q. I'm sorry. I think I understand what you 12 mean. So it may have happened before that, but you're 13 getting the system up and running; that's what they're 14 referencing here?</p> <p>15 A. To get it ahead of up and running until -- 16 before the up-schedule would occur.</p> <p>17 Q. There's another section just below that 18 says master prescriber meeting. What is a master -- 19 the future master prescriber system?</p> <p>20 A. The system of how just we manage 21 prescriber data, addresses, phone numbers, locations.</p> <p>22 Q. And that was something that was utilized 23 by RX Integrity in performing its functions?</p> <p>24 MS. DESH: Objection to the form.</p>
<p>1 make it useful.</p> <p>2 Q. And it says Patty Daugherty set up a 3 meeting with Ray Stukel to discuss application of 4 Tableau. Steve Mills will work on a mockup of a report 5 we would send to RXS. Then it says creating a 6 checklist/guide with Patty Daugherty to explain the 7 Tableau report and what RXS needs to do at the store.</p> <p>8 When was this all implemented?</p> <p>9 A. I don't think it ever was implemented, 10 because the Tableau just wouldn't design the data to 11 make it in a useful, easy way. I don't think we ever 12 utilized it.</p> <p>13 Q. But there were some mockups, and there 14 were some --</p> <p>15 A. There were some mockups.</p> <p>16 Q. And you had a chance to see those; 17 correct?</p> <p>18 A. I believe so, from what I recall.</p> <p>19 Q. Next section, New York hydrocodone C-II 20 change. So I think we may have mentioned this earlier 21 in our discussions. You were saying at some point 22 hydrocodone class was changed to C-II; am I correct?</p> <p>23 A. Correct.</p> <p>24 Q. So as of -- at least as of January 2013,</p>	<p>1 Page 291</p> <p>1 A. Again, it's just a demographic database 2 that just -- that's all it would have. It would have 3 no additional information outside of demographics and 4 licensing information.</p> <p>5 Q. (By Mr. Shkolnik) I'm going to hand you 6 Bates numbered 00675586, which is Exhibit 017. 7 [Exhibit Walgreens-Dymon-017 8 marked for identification.]</p> <p>9 Q. This is another one of the status reports. 10 This one is dated -- now we're in February of 2013. 11 There's an update regarding the GFD. And if we could 12 just go down to the second -- no, the second dot, under 13 GFD. Exception rule, oncology, hospice, and cancer 14 patients. Only 12 CPAP (sic) block were overridden for 15 this.</p> <p>16 Could you tell us what that means?</p> <p>17 A. The clinical blocks that we have in place 18 on a prescription.</p> <p>19 Q. What is a clinical block?</p> <p>20 A. A clinical reason for dispensing a 21 prescription or if there was a counseling point with 22 the patient.</p> <p>23 Q. And if it was -- if the prescription was 24 for cancer, oncology, or hospice, that type of</p>

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<p>1 counseling wasn't necessary?</p> <p>2 A. It just was documented within the CAP</p> <p>3 block that the team member would enter in.</p> <p>4 Q. And that would be one of the parameters</p> <p>5 that would support the dispensing of the drug, if</p> <p>6 someone was coming in for -- with a C-II prescription,</p> <p>7 and the diagnosis is it was for oncology purposes,</p> <p>8 hospice, or cancer, that would be an important factor</p> <p>9 in saying this is a good prescription?</p> <p>10 A. Correct. We're trying to start to</p> <p>11 understand the patients that we serve.</p> <p>12 Q. What about if someone came in and this was</p> <p>13 the third prescription, and it was because they had</p> <p>14 their wisdom tooth removed? Was there anything in the</p> <p>15 GFD to kind of consider that patient?</p> <p>16 A. I don't believe -- there's not a specific</p> <p>17 example like that in GFD, from what I recall.</p> <p>18 Q. From a GFD standpoint, if you have a</p> <p>19 16-year-old kid who's coming in with their third</p> <p>20 prescription of -- for 30 days of oxycodone, and the</p> <p>21 prescription basis was a wisdom tooth 90 days earlier,</p> <p>22 would that be some type of flag on the GFD?</p> <p>23 A. No, because that's a clinical</p> <p>24 determination the pharmacist has to make. That</p>	<p>1 A. It could be added by district as needed in</p> <p>2 the future.</p> <p>3 Q. Was oxymorphone considered a drug of abuse</p> <p>4 during the 2013 time frame?</p> <p>5 A. I mean, again, not to the degree of oxy,</p> <p>6 but again, it's in that same class, and I think that</p> <p>7 was the consideration, do we put it in on there since</p> <p>8 it's in the same class.</p> <p>9 Q. Morphine, on the other hand, was that sort</p> <p>10 of dispensed on a much less basis than say the</p> <p>11 oxymorphones, OxyContin, and the like?</p> <p>12 A. It might have been similar to oxymorphone,</p> <p>13 maybe less than some of the others. I'd have to look</p> <p>14 at data to tell you a real answer. I don't know.</p> <p>15 Q. If we go into the next section. DEA</p> <p>16 reentered project. Is this what we were talking about</p> <p>17 earlier, that there was -- one of the steps was to</p> <p>18 update -- have a system in place where the pharmacist</p> <p>19 could check the DEA numbers right through your ordering</p> <p>20 platform?</p> <p>21 A. Through our Intercom Plus pharmacy system,</p> <p>22 yes.</p> <p>23 Q. And it says at the bottom, goal, this</p> <p>24 project is raising awareness as the RxS -- what is RxS?</p>
<p style="text-align: center;">Page 295</p> <p>1 wouldn't be a red flag, not that I recall.</p> <p>2 Q. It says need to consider adding other</p> <p>3 drugs, morphine and oxymorphone. What does that mean</p> <p>4 here?</p> <p>5 A. This is, again, a pilot. We're looking at</p> <p>6 understanding, gain education, and one of the ideas is</p> <p>7 do we add additional drugs to this checklist.</p> <p>8 Q. So in the beginning of the GFD, morphine</p> <p>9 and oxymorphone were not included in the checklist for</p> <p>10 GFD?</p> <p>11 A. This is target drug good faith dispensing,</p> <p>12 not GFD.</p> <p>13 Q. What does target drug mean?</p> <p>14 A. This is TD GFD pilot.</p> <p>15 Q. What's the target drug? What's the</p> <p>16 difference?</p> <p>17 A. Target drug -- it's a checklist based on</p> <p>18 specific drugs.</p> <p>19 Q. So up until this point in time if someone</p> <p>20 came in with an oxymorphone prescription, that wouldn't</p> <p>21 trigger this TD, this target drug algorithm of</p> <p>22 questions?</p> <p>23 A. Not at this time.</p> <p>24 Q. Was it ultimately included?</p>	<p style="text-align: center;">Page 297</p> <p>1 That's --</p> <p>2 A. The pharmacy supervisor.</p> <p>3 Q. And the RxM are concerned about filling</p> <p>4 rxs with invalid DEA numbers.</p> <p>5 Once this system went into place, did this</p> <p>6 now start triggering from the pharmacy level that they</p> <p>7 started realizing some of these docs may have had</p> <p>8 expired DEA numbers and there may have been problems</p> <p>9 with some of the prescriptions?</p> <p>10 A. Potentially that the DEA was expired or</p> <p>11 the renewal was still in progress.</p> <p>12 Q. Do you know why the company didn't have</p> <p>13 this in place long before 2013?</p> <p>14 A. I don't know.</p> <p>15 Q. I mean, it certainly would have helped if</p> <p>16 you had questionable doctors out there with invalid DEA</p> <p>17 numbers? That would have helped the pharmacy level not</p> <p>18 to distribute or not to sell or fill those</p> <p>19 prescriptions; correct?</p> <p>20 MS. DESH: Objection to the form.</p> <p>21 A. Potentially. Again, I don't know at the</p> <p>22 time in the past how the DEA presented data to</p> <p>23 entities, so it's all speculative on how that</p> <p>24 information was provided, and the technological</p>

<p style="text-align: right;">Page 298</p> <p>1 limitations potentially.</p> <p>2 Q. (By Mr. Shkolnik) Whenever it was</p> <p>3 technologically feasible to include this in the order</p> <p>4 and suspicious order monitoring platform, you would</p> <p>5 agree that that would have been a good time to put it</p> <p>6 into the system to make it available as part of any</p> <p>7 good faith dispensing practices; correct?</p> <p>8 MS. DESH: Objection to the form.</p> <p>9 A. Potentially, again, if we could make the</p> <p>10 technology work and get the right amount of data.</p> <p>11 Q. (By Mr. Shkolnik) What is HMS data?</p> <p>12 A. Healthcare Market Science. They're a data</p> <p>13 company.</p> <p>14 Q. So it says the white list, black list</p> <p>15 project. Work with IT to get the lists up on site.</p> <p>16 Involved in the testing and functionality of the lists.</p> <p>17 Goal, to fill the gaps in HMS data until the release of</p> <p>18 master prescriber.</p> <p>19 If you could explain to us what that's</p> <p>20 talking about.</p> <p>21 A. HMS is where we received our prescriber</p> <p>22 data from that feeds into our pharmacy system, so they</p> <p>23 provide demographics, licensing information. And at</p> <p>24 this time data is not as fast as it is today, so there</p>	<p style="text-align: right;">Page 300</p> <p>1 it says Mike Umbley and Darem Dughri, D-U-G-H-R-I, are</p> <p>2 reviewing the document. Who are those two gentlemen?</p> <p>3 A. They're both pharmacists in the corporate</p> <p>4 environment.</p> <p>5 Q. And then it says final factors determined</p> <p>6 in what should make a red flag. Did you ever see that</p> <p>7 final document that was released back to NACDS?</p> <p>8 A. I may have, but I just -- I can't recall.</p> <p>9 I don't remember.</p> <p>10 MR. SHKOLNIK: If we could add that to the</p> <p>11 list, I would like the production of the NACDS red flag</p> <p>12 document with the final factors. It's not in what's</p> <p>13 been produced, at least that we could find.</p> <p>14 Q. (By Mr. Shkolnik) Now, here there's</p> <p>15 something about compass communications, order cut to</p> <p>16 zero. What does order cut to zero mean?</p> <p>17 A. That means we canceled the entire order.</p> <p>18 Q. Was that something that would happen once</p> <p>19 RX Integrity reviewed an order and did a full</p> <p>20 assessment?</p> <p>21 A. That, and also the system as it was being</p> <p>22 evolved would automatically do that as well.</p> <p>23 Q. Was it -- by this point in time in</p> <p>24 February of 2013, was the system doing it</p>
<p style="text-align: right;">Page 299</p> <p>1 would be delays, which in essence we could</p> <p>2 inadvertently block a prescription that the prescriber</p> <p>3 actually has a real active DEA, just because the DEA</p> <p>4 just updated it, but by the time it makes its way to</p> <p>5 the vendor and then to Walgreens and then to the</p> <p>6 system, there could be a delay.</p> <p>7 Q. And HMS was the vendor you were working</p> <p>8 with at that time?</p> <p>9 A. Correct.</p> <p>10 Q. And master prescriber -- was that the</p> <p>11 Walgreens platform where the HMS data was accessible to</p> <p>12 the company?</p> <p>13 A. Correct. That's like the database name,</p> <p>14 yes.</p> <p>15 Q. And by the time you left RX Integrity, was</p> <p>16 the master prescriber HMS data available to the team</p> <p>17 when they were assessing whether or not an override</p> <p>18 should be approved or whether or not orders should be</p> <p>19 deemed suspicious or not?</p> <p>20 MS. DESH: Objection to the form.</p> <p>21 A. It was available, because it's again just</p> <p>22 demographic data on a prescriber at this time.</p> <p>23 Q. (By Mr. Shkolnik) And we're seeing again</p> <p>24 this is an update on the NACDS red flag document. Here</p>	<p style="text-align: right;">Page 301</p> <p>1 automatically, the cut to zero, or was this just in the</p> <p>2 process at this point in time?</p> <p>3 A. I believe it was doing it, but I really</p> <p>4 can't recall. I don't remember if it was exactly in</p> <p>5 February or January or maybe started in March. It was</p> <p>6 sometimes around this time frame.</p> <p>7 Q. Now, it says the PDQ ordering is with</p> <p>8 Steve Mills. PDQ is pretty damn quick, pretty darn</p> <p>9 quick?</p> <p>10 MS. DESH: Objection to the form.</p> <p>11 A. PDQ stands for pretty darn quick, I</p> <p>12 believe.</p> <p>13 Q. (By Mr. Shkolnik) And were those for a</p> <p>14 period of time not running through the SOM system?</p> <p>15 MS. DESH: Objection. Calls for</p> <p>16 speculation.</p> <p>17 A. I can't recall.</p> <p>18 Q. (By Mr. Shkolnik) Was it one of the steps</p> <p>19 being taken by RX Integrity to stop PDQ ordering and</p> <p>20 make them all go through the SOM or the CSOM process?</p> <p>21 MS. DESH: Same objection.</p> <p>22 A. I know we were integrating and working on</p> <p>23 making sure it was all part of the process right at</p> <p>24 this time, so it may have already been blocked; I just</p>

<p style="text-align: right;">Page 302</p> <p>1 can't recall.</p> <p>2 Q. (By Mr. Shkolnik) But there was a period 3 of time where PDQ was not being blocked; correct?</p> <p>4 MS. DESH: Objection. Calls for 5 speculation.</p> <p>6 A. There may have been. I just can't recall.</p> <p>7 Q. (By Mr. Shkolnik) I'm going to hand you 8 the next exhibit, which is 18. And it's an agenda from 9 December 19, 2013. So now you're in the team for 10 almost going on a year, Bates numbered 00708764.</p> <p>11 MR. SHKOLNIK: Give it to counsel.</p> <p>12 [Exhibit Walgreens-Dymon-018</p> <p>13 marked for identification.]</p> <p>14 Q. (By Mr. Shkolnik) In this report, this 15 is -- okay. At this point in time the ABC distribution 16 transfer had already begun by the end of December 2013; 17 correct?</p> <p>18 MS. SCHUCHARDT: Objection. Foundation.</p> <p>19 A. I believe, yeah, it was prior to this, 20 sometime around the end of 2013, the transition to ABC.</p> <p>21 Q. (By Mr. Shkolnik) And down in projects, 22 it says current, and it says patient sanctioning policy 23 has been reviewed by Mike, is currently with Cheryl for 24 review.</p>	<p style="text-align: right;">Page 304</p> <p>1 every week. What does that mean?</p> <p>2 A. That we're just verifying the DEAs with 3 the DEA website due to latency in data.</p> <p>4 Q. So you're updating -- you're actually 5 using HMS data to update your database? Is that what 6 that's saying?</p> <p>7 A. Correct. HMS updates our database, but 8 again there are occasions when the data is delayed, the 9 DEA may have more up-to-date information on their 10 website.</p> <p>11 Q. Down at the bottom, it says projects, 12 current, ceiling limits. And it says cloned ceilings 13 are in place for all oxy IR products and any other 14 products that were on the tracking due to Plano 15 changes.</p> <p>16 What does that mean?</p> <p>17 A. If I recall, I just believe we were 18 looking for a way to, when products came into the drug 19 class, how can we carry over the same data setup for 20 those in the system without having to manually do it 21 over and over.</p> <p>22 Q. And it says all hydro and -- hydro/apap 23 products have been set to corporate limits. What does 24 that mean?</p>
<p style="text-align: right;">Page 303</p> <p>1 Can you tell us what that is?</p> <p>2 A. We were exploring potentially through data 3 like are there patients that we should just no longer 4 fill prescriptions for at Walgreens.</p> <p>5 Q. Was that ever implemented?</p> <p>6 A. I can't recall. I don't know.</p> <p>7 Q. And that was something being handled up at 8 the RX Integrity level; correct?</p> <p>9 A. Yes.</p> <p>10 Q. I'm going to hand you what's been marked 11 as Exhibit 019. Bates number is 708766. It's another 12 agenda. This is now April of 2017 -- sorry, April 17, 13 2014. Tasha Polster to yourself.</p> <p>14 [Exhibit Walgreens-Dymon-019</p> <p>15 marked for identification.]</p> <p>16 Q. So now, if I'm not mistaken, you're in the 17 team for over a year and a few months; correct?</p> <p>18 A. Correct.</p> <p>19 Q. By this time in April 2014, Amerisource 20 Bergen is now handling the distribution of the 21 controlled substances for Walgreens; correct?</p> <p>22 A. I believe so, yes.</p> <p>23 Q. Under DEA issues, it says for One -- for 24 One Walgreens, we are scrubbing DEAs from HMS for OW</p>	<p style="text-align: right;">Page 305</p> <p>1 A. I believe at that time we were working 2 with ceiling limits and ensuring that all these 3 products -- these products, this class was treated 4 equally, that they're all the same.</p> <p>5 Q. So they were already being included in 6 ceiling limits, but there may have been differences 7 depending upon the drug, so they were all then grouped 8 into one same ceiling class?</p> <p>9 A. I believe so. We made it more strict.</p> <p>10 Yes.</p> <p>11 Q. Why was that done in April of 2014 and not 12 when the whole ceiling system was launched?</p> <p>13 A. I do not know, but I know probably part of 14 the cloning data helped us do that. So -- from what I 15 recall.</p> <p>16 Q. The cloning data? Oh, from the -- from up 17 above?</p> <p>18 A. Correct.</p> <p>19 Q. So there was a technological ability to 20 then compare the different drugs in the class and 21 keeping them all similar?</p> <p>22 A. There may have been something along those 23 lines. I just -- I can't recall. I know there was 24 probably some technology changes that helped us.</p>

<p style="text-align: right;">Page 306</p> <p>1       Q. But if someone wanted to, they could have 2 said every hydro/apap product should have the corporate 3 ceiling when the SOM ceiling limits was first rolled 4 out? If someone wanted to, they could have done that?</p> <p>5       A. Maybe. I don't know, again, when it was 6 developed and rolled out if they could do that kind of 7 functionality.</p> <p>8            MR. SHKOLNIK: How much longer do we have 9 yet?</p> <p>10          THE VIDEOGRAPHER: 58 minutes.</p> <p>11          MR. SHKOLNIK: Let's take our break now. 12 I just want to tighten up on some of the things I have 13 and see what I'm going to cover.</p> <p>14          THE VIDEOGRAPHER: We're off the record at 15 4:55 PM.</p> <p>16          [A brief recess was taken.]</p> <p>17          THE VIDEOGRAPHER: We're back on the 18 record at 5:10 PM.</p> <p>19          Q. (By Mr. Shkolnik) Mr. Dymon, I'm going to 20 hand you what's being marked as Exhibit 020. It's an 21 e-mail dated 6-19-2013 from Tasha Polster, Bates 22 numbered 316771.</p> <p>23          MR. SHKOLNIK: Give it to counsel. 24          [Exhibit Walgreens-Dymon-020]</p>	<p style="text-align: right;">Page 308</p> <p>1 centers and the different regions so that everyone 2 understood what the procedures were going forward with 3 respect to suspicious order monitoring; correct?</p> <p>4       A. Yes, from what I recall.</p> <p>5       Q. And this says that there should be a 6 contact person at each district distribution center, 7 there would be one person that would be the recipient. 8 It says I need documentation of one person in each DC, 9 some of which I have already gotten back, acknowledging 10 their receipt of the suspicious order monitoring policy 11 and procedures.</p> <p>12          Were you aware that was one of 13 requirements going forward?</p> <p>14          A. Yes, that Tasha was requiring of the DCs, 15 yes.</p> <p>16          Q. And at the bottom it says it's been a long 17 year-and-a-half getting this DEA settlement in place. 18 We want to ensure we have proper documentation and 19 accountability for this compliance piece. Your follow 20 through is critical.</p> <p>21          By June of 2013, you had become aware that 22 the DEA investigations had been going on for about a 23 year-and-a-half, and right about the day of this 24 notification was when the settlement was reached or</p>
<p style="text-align: right;">Page 307</p> <p>1           marked for identification.]</p> <p>2       Q. (By Mr. Shkolnik) Who's Deb Bish -- Debra 3 Bish; do you know?</p> <p>4       A. She's a team member who I believe works in 5 our -- worked or still may work at our distribution 6 center.</p> <p>7       Q. And this e-mail, I'm not quite sure if 8 you're on this distribution, but it's from Deb Polster 9 (sic) announcing the RX Integrity team and the DEA 10 agreement.</p> <p>11          Do you recall -- do you recall Ms. Polster 12 issuing notification about the settlement with the DEA 13 or the agreement with DEA, as well as introducing the 14 RX Integrity group?</p> <p>15          A. I do recall, I know she made various 16 announcements within corporate to teams about the RX 17 Integrity team.</p> <p>18          Q. And you -- at that point in June of 2013, 19 you were certainly part of the Pharmaceutical Integrity 20 team; correct?</p> <p>21          A. Correct.</p> <p>22          Q. Was it your understanding that once the 23 team came in place, the suspicious order monitoring 24 policies were distributed to the different distribution</p>	<p style="text-align: right;">Page 309</p> <p>1 entered and signed by Walgreens with the DEA; correct?</p> <p>2       A. Possibly, based on my recollection. I 3 don't know the exact date, but somewhere around this 4 time.</p> <p>5       Q. And if we go to Bates numbered 773, she's 6 providing a overview of the Pharmaceutical Integrity 7 group. And it says RX Integrity was created to protect 8 and grow Walgreens controlled substance business while 9 transforming community pharmacy to play a greater role 10 in the opioid narcotic epidemic and protect our 11 business against high risk prescribers.</p> <p>12          Did you help her in crafting this policy 13 statement to go out to the company?</p> <p>14          A. I cannot recall. I don't know.</p> <p>15          Q. But you agree with that, though; correct?</p> <p>16          A. With the statements, yes.</p> <p>17          Q. RX Integrity is responsible for managing, 18 creating, and maintaining controlled substance 19 dispensing, monitoring, and reporting programs, 20 including the good faith dispensing policy and the 21 national good faith dispensing program.</p> <p>22          What's the difference between the good 23 faith dispensing policy and the national good faith 24 dispensing program?</p>

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<p>1       A. I think the national good faith dispensing 2 program was the name to what became targeted drug good 3 faith dispensing, I believe. I'm not for certain, but 4 I think that's what it was.</p> <p>5       Q. And she goes on to say RX Integrity team 6 identifies and minimizes loss of company assets and 7 ensures the safety, compliance, and security of the 8 ordering and dispensing of controlled substances.</p> <p>9       You would agree that that was one of the 10 charges that your group had; correct?</p> <p>11      A. Correct.</p> <p>12      Q. And you were also charged with the 13 obligation, the team, to investigate and report 14 potential violations of laws, regulations, or company 15 policy internally and suspicious orders externally to 16 the DEA, state boards, and other agencies as required; 17 correct?</p> <p>18      A. Correct.</p> <p>19      Q. Did you ever sit down with Tasha and the 20 other people, whether it was Mr. Swords or anybody 21 else, and say why didn't we implement this type of 22 policy long before June of 2013 as a result of a 23 agreement with the DEA? Did you ever say that to her?</p> <p>24      A. Not that I can recall.</p>	<p>1       Q. If we could turn to Bates numbered 6783. 2 At the bottom. We have a -- this template that we 3 looked at some examples of before. Ultimately was this 4 template what was officially adopted as the daily 5 report to the DEA?</p> <p>6       A. I believe so, to my recollection. I'd 7 have to go back and look at time -- but I believe it 8 looks like that's what was used.</p> <p>9       MR. SHKOLNIK: Catch up. I think we're at 10 021?</p> <p>11      MS. THOMPSON: Yes.</p> <p>12      Q. (By Mr. Shkolnik) I'm going to hand you a 13 document, Exhibit Number 021. Bates number is 14 PPLPC004003365800.</p> <p>15      MR. SHKOLNIK: Give it to counsel. 16      [Exhibit Walgreens-Dymon-021 17      marked for identification.]</p> <p>18      Q. (By Mr. Shkolnik) This is a PowerPoint 19 which was produced by Purdue.</p> <p>20      MR. SHKOLNIK: And yes, it was on the list 21 of documents we notified that we would use.</p> <p>22      Q. (By Mr. Shkolnik) Are you familiar with a 23 company called McKinsey?</p> <p>24      A. I heard the name. They might be a</p>
<p style="text-align: center;">Page 311</p> <p>1       Q. I mean, as you're sitting here today, does 2 it make you wonder why didn't your company -- which you 3 spent a lot of years with -- why didn't your company do 4 something like this long before 2013?</p> <p>5       A. I think, again, it's an evolving -- it was 6 an evolving problem at this time, and it's hard to 7 understand early on, it sometimes takes time to really 8 understand what's going on.</p> <p>9       Q. Once you implemented the good faith 10 dispensing policies, the sales of OxyContin dropped 11 considerably, didn't it?</p> <p>12      A. I believe there was a reduction. I don't 13 know to what degree. I just can't recall.</p> <p>14      Q. If we could go to Bates numbered 776. 15 This is a document we looked at before as an 16 attachment, I think, to Exhibit -- I think it was 10. 17 The -- let me double-check that. Yes. Exhibit 010. 18 It was attached to the Mount Vernon, Illinois, 19 distribution center SOM policy.</p> <p>20      Was this document a -- prepared with your 21 input before it was adopted and distributed throughout 22 the company?</p> <p>23      A. It may have -- I can't recall, but I may 24 have been involved in certain sections of it.</p>	<p style="text-align: center;">Page 313</p> <p>1 consulting firm. I'm not sure.</p> <p>2       Q. McKinsey and Company. This appears to be 3 an analysis done by McKinsey for Purdue, focusing on 4 its OxyContin growth opportunities.</p> <p>5       First, have you ever seen this McKinsey 6 report?</p> <p>7       A. Not that I can recall.</p> <p>8       MR. SHKOLNIK: If we could turn to Bates 9 numbered 802, which is Page 6 of the PowerPoint. Next 10 page, please.</p> <p>11      TRIAL TECHNICIAN: They all have the same 12 Bates number. I just noticed that.</p> <p>13      MR. SHKOLNIK: Oh, they do?</p> <p>14      TRIAL TECHNICIAN: Yeah. I just realized 15 that.</p> <p>16      MR. SHKOLNIK: Okay. Wow, that's 17 interesting.</p> <p>18      MS. DESH: Produced natively, maybe.</p> <p>19      MR. SHKOLNIK: They cheated themselves on 20 pages.</p> <p>21      Q. (By Mr. Shkolnik) If you look at the 22 section where it says by using available store-level 23 inventory and purchasing data, we have attempted to 24 quantify the extent and impact of the access issues,</p>

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<p>1 some preliminary findings.</p> <p>2       Were you aware that Walgreens was</p> <p>3 providing store-level inventory and purchasing data to</p> <p>4 McKesson -- I'm sorry, to -- I'm sorry to the McKesson</p> <p>5 lawyer -- to Purdue back in 2013 -- let me start that</p> <p>6 one all over again. I'm sorry. Just getting tired.</p> <p>7       Were you aware of Walgreens provided</p> <p>8 store-level inventory and purchasing data to Purdue</p> <p>9 regarding its OxyContin?</p> <p>10       A. Not that I was aware -- not that I can</p> <p>11 recall.</p> <p>12       Q. I mean, would it surprise you that the</p> <p>13 company would be sharing its store-level inventory and</p> <p>14 purchasing data with a manufacturer who's a supplier of</p> <p>15 drugs you sell?</p> <p>16       A. I don't know why they would share the</p> <p>17 data. I don't know the reason for it or what agreement</p> <p>18 they would have had.</p> <p>19       Q. Are you aware that they actually charged</p> <p>20 Purdue for the data they provided, that they were</p> <p>21 actually making money on that exchange of data?</p> <p>22       MS. DESH: Objection. Calls for</p> <p>23 speculation.</p> <p>24       Q. (By Mr. Shkolnik) I mean, if he knows.</p>	<p>1 record.</p> <p>2       A. No, I would not know.</p> <p>3       Q. (By Mr. Shkolnik) Do you know why your</p> <p>4 company didn't implement an aggressive -- I think you</p> <p>5 said it was TD or NGFD policy -- prior to 2010 to cause</p> <p>6 a drop in OxyContin prescriptions back then?</p> <p>7       A. I would not know.</p> <p>8       Q. Would you agree with me your good faith</p> <p>9 dispensing initiative and the TD -- what was the TD for</p> <p>10 again? I just went blank.</p> <p>11       A. Target drug.</p> <p>12       Q. Target drug dispensing policy -- do you</p> <p>13 agree with me that it was very effective, very</p> <p>14 effective, sir, in helping to drop the number of opioid</p> <p>15 prescriptions that were filled at Walgreens pharmacies?</p> <p>16       A. I believe it was one of many tools that we</p> <p>17 launched that helped pharmacists make an informed</p> <p>18 decision whether to fill or not fill a prescription.</p> <p>19       Q. Was the company supporting the pharmacists</p> <p>20 in terms of not filling prescriptions that were</p> <p>21 potentially suspicious prior to relaunching GFD and</p> <p>22 target -- target drug program?</p> <p>23       MS. DESH: Objection to the form.</p> <p>24       A. Company always let pharmacists use their</p>
<p style="text-align: center;">Page 315</p> <p>1       A. Not that I was aware of.</p> <p>2       Q. Walgreens implemented its good faith</p> <p>3 dispensing policy around March of 2013. And it goes to</p> <p>4 say post this policy, Walgreens's estimated monthly</p> <p>5 dispensing volume of OxyContin declined approximately</p> <p>6 34 percent from March of 2013 to June of 2013.</p> <p>7       Does that sound consistent with what your</p> <p>8 recollection was, that once you got on the road and you</p> <p>9 started doing the presentations for good faith</p> <p>10 dispensing and the new relaunch that the sale of</p> <p>11 OxyContin was dropping rapidly?</p> <p>12       A. Not specific to the drug. I just know</p> <p>13 overall controls went down.</p> <p>14       Q. I mean, dropping 34 percent for OxyContin</p> <p>15 in a three-month period -- if that number is accurate,</p> <p>16 sir, you would agree with me that is a significant drop</p> <p>17 in sales of a single product; fair statement?</p> <p>18       A. Fair to say that could be a significant</p> <p>19 drop.</p> <p>20       Q. And do you know why your company did not</p> <p>21 aggressively enforce a good faith dispensing policy as</p> <p>22 far as back as 2009 or 2010 to try to head off the</p> <p>23 growth of OxyContin sales at its stores?</p> <p>24       MS. DESH: Objection. Misrepresents the</p>	<p style="text-align: center;">Page 317</p> <p>1 professional discretion, support their choice to</p> <p>2 dispense or not to dispense a prescription.</p> <p>3       Q. (By Mr. Shkolnik) What happened in March</p> <p>4 of 2013 that all of a sudden caused pharmacists to not</p> <p>5 fill prescriptions, resulting in a 34 percent decline</p> <p>6 in the number of OxyContin pills sold? What happened?</p> <p>7 What did you guys do?</p> <p>8       MS. DESH: Objection. Calls for</p> <p>9 speculation.</p> <p>10       A. I would like to think that the work RX</p> <p>11 Integrity was doing in developing education, hosting</p> <p>12 the webinars and discussions, and raising awareness is</p> <p>13 what helped to lead to this information that you're</p> <p>14 saying.</p> <p>15       Q. (By Mr. Shkolnik) Basically you guys did</p> <p>16 a really good job; correct?</p> <p>17       A. We did our job. Good or bad, I don't know</p> <p>18 how you judge that, but I would say we were trying to</p> <p>19 help solve and help figure out what can we do, how do</p> <p>20 we educate and inform people.</p> <p>21       Q. Ultimately, if you look at it, dropping</p> <p>22 sales of OxyContin during an epidemic was doing a very</p> <p>23 good thing, was it not?</p> <p>24       A. It can be viewed as that, yes.</p>

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<p>1 Q. I mean, you'd view it as that? I'm asking 2 your opinion, sir.</p> <p>3 A. I feel -- I feel that we did a good job of 4 educating our pharmacists and helping them make an 5 informed decision.</p> <p>6 Q. And possibly helping to save a lot of 7 lives by reducing the number of prescriptions that were 8 filled, potentially unnecessary prescriptions; correct?</p> <p>9 MS. DESH: Objection to the form.</p> <p>10 A. Could impact patient care and patient 11 life, possibly.</p> <p>12 Q. (By Mr. Shkolnik) It goes on to say this 13 compares to one percent decrease over the same period 14 for all other pharmacies.</p> <p>15 So what you're -- what the manufacturer of 16 OxyContin had determined is that at the same time that 17 you were able to get your company sales of OxyContin to 18 drop by 34 percent, the rest of the pharmacies in the 19 United States that hadn't implemented your good faith 20 dispensing policies had only dropped one percent during 21 the same time frame.</p> <p>22 Am I reading that correctly?</p> <p>23 A. According to the information on the 24 document, yes.</p>	<p>1 THE REPORTER: Okay. Very good.</p> <p>2 MR. SHKOLNIK: Just wanted to keep you 3 awake.</p> <p>4 MS. HARDYMON: I'm still here.</p> <p>5 Q. (By Mr. Shkolnik) Just so it's clear, was 6 it your understanding that by the aggressive 7 implementation of target drug and good faith 8 dispensing, not just OxyContin, the brand drug, but all 9 of the controlled substances dropped, the numbers 10 dropped considerably following the implementation; 11 correct, sir?</p> <p>12 A. Correct, to my understanding.</p> <p>13 Q. Was that something that the company 14 tracked? Were you able to track that data back then?</p> <p>15 A. Yes, we could see dispensing data and 16 declines, yes.</p> <p>17 Q. They also go on to say that fewer 18 Walgreens stores are carrying high-dosage, 60 milligram 19 and 80 milligram, OxyContin.</p> <p>20 Do you know if that was caused by less of 21 the drug being -- less of the prescriptions being 22 filled by the pharmacists as a result of the GFD and 23 the TD process?</p> <p>24 A. Potentially. I don't know. Hard to say</p>
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<p>1 Q. And it says Walgreens accounted for 90 2 percent of the OxyContin decline, seven percent of the 3 eight percent overall OxyContin decline, over this 4 period.</p> <p>5 So basically by you implementing your good 6 faith dispensing policies and targeted distribution, 7 targeted drug policies, your company was able to 8 reduce -- well, cause a major decline, 90 percent of 9 the decline of the OxyContin sales of the company that 10 was making OxyContin, Purdue; correct?</p> <p>11 A. According to the information on the slide, 12 yes.</p> <p>13 Q. Do you know -- were you also having that 14 effect on the generics that were being manufactured and 15 sold, manufactured by Mallinckrodt? Do you know if 16 they were dropping as well at that time?</p> <p>17 A. All controlled substances I believe were 18 declining at that time.</p> <p>19 MS. HARDYMON: Objection. Form.</p> <p>20 MR. SHKOLNIK: I was waiting for that.</p> <p>21 THE REPORTER: Who was that on the phone, 22 please?</p> <p>23 MS. HARDYMON: Teresa Hardymon for 24 Mallinckrodt.</p>	<p>1 if it was part of the process or prescribing behaviors 2 were changing potentially.</p> <p>3 Q. Do you believe -- do you really believe 4 that prescribing habits changed that much between March 5 2013 and June of 2013 to cause a drop in the carrying 6 of high-dosage 60 and 80 milligram OxyContin in your 7 stores, as opposed to implementing your good faith 8 dispensing policies and your targeted drug policies?</p> <p>9 A. Just -- it's one factor of it. One part 10 of it.</p> <p>11 Q. I mean, if you're not filling -- if you're 12 not willing to fill as many of those prescriptions, 13 based upon your good faith dispensing practices, your 14 computer system is going to take that into 15 consideration and not order more of them; correct?</p> <p>16 A. Correct.</p> <p>17 Q. I mean, they go hand-in-hand, the 18 processes, in terms of the algorithms of the computer 19 ordering system; correct?</p> <p>20 A. Correct.</p> <p>21 MS. DESH: Objection to the form. Calls 22 for speculation.</p> <p>23 MR. SHKOLNIK: That was a good one for 24 your client.</p>

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<p>1        A. Part of the whole system, it is.</p> <p>2        Q. (By Mr. Shkolnik) Thank you. If we could</p> <p>3 turn to Page 11.</p> <p>4            MR. SHKOLNIK: I'm not going to tell you</p> <p>5 the Bates number.</p> <p>6        Q. (By Mr. Shkolnik) Here's a graph of the</p> <p>7 monthly OxyContin purchasing by the pharmacy chain that</p> <p>8 was produced to us by Purdue.</p> <p>9            And it shows, given Walgreens was</p> <p>10 approximately 21 percent of the total store-level</p> <p>11 purchase of OxyContin in January of 2013 and</p> <p>12 Walgreens's purchasing volume fell by 34 percent,</p> <p>13 Walgreens alone accounted for a seven percent decrease</p> <p>14 in OxyContin from March to June.</p> <p>15           You would have no reason to disagree with</p> <p>16 Purdue's assessment of their own drop in sales;</p> <p>17 correct?</p> <p>18        A. I don't know the exact number, but no, I</p> <p>19 would not disagree with the drop in sales.</p> <p>20        Q. And basically that -- what we're seeing</p> <p>21 here in terms of the colored graph is that Walgreens in</p> <p>22 terms of the chains had gone from six, maybe six and</p> <p>23 three quarter million tablets a month down to looks</p> <p>24 like four and a quarter million tablets a month just</p>	<p>1 drug dispensing habits?</p> <p>2        A. Correct, along with all the education to</p> <p>3 the stores and field leaders.</p> <p>4        Q. I mean, don't -- do you think it's kind of</p> <p>5 amazing that simply training the pharmacists and</p> <p>6 encouraging the pharmacists to question the</p> <p>7 prescriptions could generate such an immediate change</p> <p>8 in the number of OxyContins that were hitting the</p> <p>9 street --</p> <p>10        MS. DESH: Objection --</p> <p>11        Q. (By Mr. Shkolnik) -- in such a short</p> <p>12 period of time?</p> <p>13        MS. DESH: Objection to the form.</p> <p>14        A. It's one of the tools we were able to</p> <p>15 utilize to help our pharmacists gain a better</p> <p>16 understanding of what was going on.</p> <p>17        Q. (By Mr. Shkolnik) I'm going to show you</p> <p>18 Exhibit Number 022. Bates number is 707955.</p> <p>19        MR. SHKOLNIK: Give this to counsel.</p> <p>20        [Exhibit Walgreens-Dymon-022</p> <p>21 marked for identification.]</p> <p>22        Q. (By Mr. Shkolnik) This appears to be a</p> <p>23 PowerPoint that was presented by Pharmaceutical</p> <p>24 Integrity in May of 2013. We found this in your --</p>
<p style="text-align: center;">Page 323</p> <p>1 between September of 2012 and May of 2013; correct?</p> <p>2        A. Correct, according to the graph.</p> <p>3        Q. And the launch of the GFD was January</p> <p>4 13 -- January of 2013; correct?</p> <p>5        A. GFD relaunches and TD GFD pilots, yes.</p> <p>6        Q. And from that point it pretty much went</p> <p>7 downhill to that 34 percent decline into June of 2013,</p> <p>8 according to the Purdue sales document; correct?</p> <p>9        A. Correct.</p> <p>10       Q. And your competitors, CVS, Rite Aid, other</p> <p>11 chains, and Walmart, pretty much stayed fairly</p> <p>12 consistent, very minor drops during that same time</p> <p>13 frame; correct?</p> <p>14       A. Minor to no change in the graph, correct.</p> <p>15       MR. SHKOLNIK: Can we go to the next page,</p> <p>16 Page 12?</p> <p>17       Q. (By Mr. Shkolnik) We look at the right,</p> <p>18 it says most of the decline in OxyContin units between</p> <p>19 March 2013 and June of 2013, as well as between</p> <p>20 September 2012 and June of 2013, is attributable to</p> <p>21 Walgreens.</p> <p>22       Would you agree, sir, that there was</p> <p>23 probably -- a lot of that was dependent upon the</p> <p>24 successful launch of good faith dispensing and targeted</p>	<p style="text-align: center;">Page 325</p> <p>1 what we call the custodial file.</p> <p>2        Do you recall working on this PowerPoint</p> <p>3 presentation?</p> <p>4        A. Yes, I do.</p> <p>5        Q. And if I -- if I'm not mistaken --</p> <p>6 withdraw that.</p> <p>7        Can we go to Pages 961, 962? Those are</p> <p>8 actually the same timeline of events that we went</p> <p>9 through before under an earlier exhibit, which was Mr.</p> <p>10 Bleser's January of 2013 quarterly presentation;</p> <p>11 correct?</p> <p>12       A. Correct.</p> <p>13       Q. And it basically outlined the history of</p> <p>14 the problem with respect to opioids, tying it back to</p> <p>15 the Florida pill mills in pre-August 2010; correct?</p> <p>16       A. Correct.</p> <p>17       Q. If we can go back to Page Number 959. You</p> <p>18 included in there a national prescription drug epidemic</p> <p>19 slide.</p> <p>20       And in this one, on the right-hand side,</p> <p>21 it shows accidental deaths in the United States by type</p> <p>22 of drug. And it said -- it showed in red, with bold</p> <p>23 letters, painkillers were going up from it looks like</p> <p>24 under around 4,000 deaths up to more than 15,000 deaths</p>

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<p>1 caused by painkillers, far exceeding cocaine and  2 heroine; correct?  3       A. Correct.  4       Q. Why did you include that in a PowerPoint  5 presentation on Pharmaceutical Integrity?  6       A. I don't know if I made this slide or it  7 may have been made previously by Tasha, but again, when  8 we're educating the field, we want to make them  9 aware -- and CDC, this is data from the CDC, and again,  10 that's a reputable data source -- helps pharmacists  11 understand what is going on, or any leadership, what's  12 going on in the industry.  13       Q. And I would be correct in stating when you  14 put this as part of a presentation, you were trying to  15 give data so the people that you're talking to  16 understand the significance of the problem that you  17 were dealing with in 2013, once RX Integrity came into  18 existence; correct?  19           MS. DESH: Objection to the form.  20       A. Correct. That's to help them understand,  21 yes.  22           (By Mr. Shkolnik) And it says issue of  23 drug diversion and abuse has drawn the attention of the  24 public health officials, regulatory agencies, and</p>	<p>1 wholesalers and pharmacies in attempt to battle what  2 the Centers for Disease Control and Prevention calls a  3 prescription drug abuse epidemic.  4       Was this the first time that you, Mr.  5 Dymon, became aware that there was now a determination  6 by the CDC that there was a prescription drug abuse  7 epidemic?  8       A. To the best of my understanding, yes, and  9 recollection.  10      Q. Up to this time, you, Mr. Dymon, working  11 at Walgreens and having a Pharm D and are working in  12 stores, had not reached that conclusion; fair  13 statement?  14      A. To the best of my recollection, yeah, not  15 until I saw some things in the media in 2011, 2012  16 starting to occur.  17      Q. And if we could turn now to 7960. And it  18 shows that same graph that we looked at in Mr. Bleser's  19 January 2013 PowerPoint. It shows the leading cause of  20 accidental death was prescription drugs, surpassing  21 motor vehicles and all other drugs; correct?  22      A. Correct.  23      Q. And that occurred in between 2010 and  24 2011; correct?</p>
<p style="text-align: center;">Page 327</p> <p>1 public policy makers on a state and national level.  2       Dramatic increases in the use of and  3 addiction to controlled substance pharmaceuticals have  4 been seen for decades.  5       When did you first become aware that there  6 were dramatic increases in the use of and addiction to  7 controlled substance pharmaceuticals having been seen  8 for decades? When was the first time you, Mr. Dymon,  9 recognized that?  10      A. When I was working on this presentation,  11 reading the information from the CDC.  12      Q. Was that surprising to you?  13      A. It was, actually, yes.  14      Q. I mean, that statistic right there,  15 painkillers exceeding cocaine and heroine by two and  16 three times the death numbers -- that's a fairly  17 shocking statistic; correct?  18           MS. DESH: Objection to the form.  19      A. It shows the statistical significance, it  20 looks -- yes.  21      Q. (By Mr. Shkolnik) And it says  22 prescription drug abuse increases traffic accidents,  23 crime, and overdoses.  24      The DEA is increasing its focus on</p>	<p style="text-align: center;">Page 329</p> <p>1       A. Correct, according to the graph.  2      Q. And you're citing a statistic that this  3 came out of California, but you also saw multiple  4 examples across the country where leading cause of  5 accidental death is prescription pain medications, in  6 particular, opioid use; correct? That was your  7 citation?  8      A. This was -- I believe Tasha created this,  9 but yes, that would be correct.  10     Q. When you got this presentation, when you  11 had a chance to see it and you saw that there was  12 multiple examples of this across the country,  13 specifically as it related to prescription pain  14 medication, opioid use, was this a shocking statistic  15 to yourself, sir?  16           MS. DESH: Objection to the form.  17      A. I was developing educational materials  18 that -- again, it calls out the concern over the use of  19 prescription drugs.  20      Q. (By Mr. Shkolnik) And did you ever  21 question why additional steps weren't taken by your  22 company prior to 2013 to help head this off?  23      A. Not that I can recall.  24      Q. Do you agree that if good faith dispensing</p>

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<p>1 and targeted dispensing had been implemented earlier,      2 that may have had some effect on the epidemic as it was      3 growing?</p> <p>4 MS. DESH: Objection to the form.</p> <p>5 A. Potentially. It's a multifaceted      6 approach. There's a lot of things that go into      7 controlling an epidemic, so we're just one part of it.</p> <p>8 Q. (By Mr. Shkolnik) But --</p> <p>9 A. But it potentially could have.</p> <p>10 MR. SHKOLNIK: If we could just turn to      11 Page 64. This document up on top, if you could blow      12 that up for us, please. I hope it doesn't get too      13 fuzzy. Oh, good job.</p> <p>14 Q. (By Mr. Shkolnik) Could you tell us what      15 we're looking at here in terms of the target drug GFD      16 checklist?</p> <p>17 A. This is a checklist that RX Integrity      18 created to help pharmacists in making decisions around      19 the dispensing of a prescription.</p> <p>20 Q. So if we're looking at this, a pharmacist      21 has this on a computer; am I correct?</p> <p>22 A. They print it off a computer. It's on a      23 sheet of paper.</p> <p>24 Q. Oh, so they actually do this by hand?</p>	<p>1 Q. Because sometimes you have pharmacy      2 shoppers, patients that will go to multiple pharmacies;      3 correct?</p> <p>4 A. Correct.</p> <p>5 Q. And your computer system would actually      6 pick it up if John Smith or Jane Smith was in your      7 system, you could be able to see, wait a second, we got      8 a GFD rejection down the street last month -- it would      9 flag it here as well; correct?</p> <p>10 A. Correct. A team member could see the      11 system, the note.</p> <p>12 Q. And if available in your state, PDMP -- so      13 it's telling you if you have that system, because not      14 everybody had that system in 2013, but if you have it,      15 check it?</p> <p>16 A. Correct.</p> <p>17 Q. The physician -- I'm sorry -- the      18 prescription drug monitoring program; correct?</p> <p>19 A. Correct.</p> <p>20 Q. And the next thing it says additional      21 checklist requirements, if every no is a red flag, use      22 your professional judgment.</p> <p>23 So that means if they had no photo ID --      24 what would be the -- which "nos" would be the red flag?</p>
<p style="text-align: center;">Page 331</p> <p>1 This would be written in by hand by the pharmacist?</p> <p>2 A. Correct.</p> <p>3 Q. So here they would put the patient's name,      4 the RX number, and the date, so that would be      5 client-specific data that was captured; correct?</p> <p>6 A. Correct. That's the patient's      7 information.</p> <p>8 Q. And then at the time this form was      9 utilized, it was -- they had to do it for oxycodone,      10 hydromorphone, and methadone, and then they could --      11 there could have been optional other C-II's it applied      12 to; correct?</p> <p>13 A. Correct.</p> <p>14 Q. And the type of things that good faith      15 dispensing suggested was check to see if they have a      16 valid government ID, and actually attach a hard copy,      17 take a photocopy of it of some type; correct?</p> <p>18 A. Correct.</p> <p>19 Q. No GFD refusal for particular prescription      20 in the patient comments on IC profile. So that's      21 saying look in our system, and let's see if that      22 patient has tried to fill a prescription before, and if      23 it's been rejected on the GFD; correct?</p> <p>24 A. Correct.</p>	<p style="text-align: center;">Page 333</p> <p>1 So if there's no government ID, that would be a red      2 flag; correct?</p> <p>3 A. Correct. Any no would be considered a red      4 flag.</p> <p>5 Q. Well, if it was -- oh, so if it was -- if      6 it was a no to no GFD refusal, would that be a yes?</p> <p>7 A. Applies to the section going down.</p> <p>8 Q. Okay.</p> <p>9 A. Yeah. Sorry.</p> <p>10 [Discussion off the record.]</p> <p>11 Q. So we have under this section, patients      12 have received this prescription from Walgreens before,      13 prescription is from the same prescriber, for the same      14 medication as previous fill, patient and/or prescriber      15 address is within geographical proximity to pharmacy,      16 variances can be explained.</p> <p>17 So this was -- someone who has a      18 geographical proximity not near the pharmacy, they      19 would have to explain why they're coming to a local      20 pharmacy as opposed to filling where they live;      21 correct?</p> <p>22 A. Correct.</p> <p>23 Q. I mean, if it's a snowbird and they're      24 filling their prescription in Florida, that may be an</p>

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1 explanation; correct?	1 A. Correct.
2 A. Correct.	2 Q. But if -- let's assume an override request
3 Q. But if someone is coming from Ohio or	3 is sought from the store to help fill one of these
4 Tennessee every three or four weeks and going to a	4 prescriptions. Would RX Integrity have any access to
5 little pharmacy in some small town in Florida, that may	5 get some of this information, if needed?
6 be a harder explanation; correct?	6 MS. DESH: Objection to the form.
7 A. Correct.	7 A. We could contact or speak to the field
8 Q. Prescription is being filled on time --	8 leader, who could then actually go and check on the
9 that's a good thing, that's a good sign; correct?	9 form for us.
10 A. Correct.	10 Q. (By Mr. Shkolnik) And actually, some of
11 Q. Third-party insurance versus cash;	11 the requests from the supervisor, or the manager, the
12 correct?	12 G -- the override forms and the discussion between
13 A. Correct.	13 supervisor and manager would actually include some of
14 Q. Cash is a red flag, is it not?	14 this information to explain whether or not an order was
15 A. Correct.	15 appropriate or not; correct?
16 Q. What's a cash discount card?	16 MS. DESH: Objection to the form. Calls
17 A. A card that acts like an insurance, but	17 for speculation.
18 it's not, that gives a discount off of a cash price on	18 A. Elements could be included in any -- in an
19 a prescription.	19 e-mail or any override form to give us information,
20 Q. And I guess it's higher prescription units	20 yes.
21 versus lower prescription units is a flag?	21 Q. (By Mr. Shkolnik) And that then goes up
22 A. Correct.	22 to your team, who then may either fill or kill that
23 Q. And then patient has been the same	23 order; correct?
24 medication, strength, and dose for less than six	24 MS. DESH: Same objection.
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1 months. What is the significance of that?	1 A. Correct, to approve or to cancel, yes.
2 A. Again, has the patient just started this	2 MR. SHKOLNIK: How am I doing?
3 medication, or have they been consistently on it. It's	3 THE VIDEOGRAPHER: 19 minutes.
4 to understand the clinical state of the patient.	4 Q. (By Mr. Shkolnik) We're going to hand you
5 Q. And then if for whatever reason the	5 a document marked as Exhibit 023, and it's excerpts
6 pharmacist now feels they want to call -- prescriber	6 from your annual reviews in your personnel file.
7 calls could be necessary, so then these are the type of	7 [Exhibit Walgreens-Dymon-023
8 questions that would be asked of the prescriber;	8 marked for identification.]
9 correct?	9 Q. We're not really going to go into much of
10 A. Correct, to help guide that conversation	10 it. Just --
11 with the prescriber for the pharmacists.	11 MS. SCHUCHARDT: Does that have a Bates
12 Q. And then at the bottom, it says whether or	12 numbers other than the P-WAG at the top?
13 not it's dispensed or refused, and the person has to	13 MR. SHKOLNIK: It doesn't. These are
14 sign off on who did it; correct?	14 all like -- what's been happening, these are late
15 A. Correct.	15 productions, and they haven't made it through Ricoh
16 Q. Now, is this ever entered into the system	16 yet.
17 electronically, any of it?	17 MS. SCHUCHARDT: Got it.
18 A. No.	18 MR. SHKOLNIK: If we could go to Page 5 of
19 Q. So how would someone know if GFD was	19 15 under FY13, so that's the first section. And at the
20 refused at another store?	20 bottom, one of the -- is that the right one? Nope.
21 A. The team member would enter comments into	21 TRIAL TECHNICIAN: 5 of 15, you said?
22 our Intercom Plus system.	22 MR. SHKOLNIK: 5 of 15. You know, let me
23 Q. So all of this data would just be kept on	23 just skip ahead, make it a lot easier here. One
24 paper in the store, not transferred up to the company?	24 second.

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<p>1        A. Is that towards the back?</p> <p>2        Q. (By Mr. Shkolnik) No -- you can skip</p> <p>3 that. I'm not even going to do that. If we could go</p> <p>4 towards the back, which is the FY14. If you look on</p> <p>5 the bottom, that's the best way of telling, it says</p> <p>6 FY13, FY14 is on the bottom left.</p> <p>7        MR. SHKOLNIK: And if we're going into --</p> <p>8 I want FY14, Page 3. I know it's a pain in the neck.</p> <p>9 I should have numbered them. I'm sorry, go to Page 7.</p> <p>10 I'm really making this tough. I wish I would have</p> <p>11 numbered this. Page 7. That's the one I wanted. I</p> <p>12 knew we could do it.</p> <p>13       Q. (By Mr. Shkolnik) Top of the page. I</p> <p>14 completed pain management education series via drug</p> <p>15 topics and made these CEs available for all Walgreens</p> <p>16 pharmacists. What is CEs?</p> <p>17       A. Continuing education.</p> <p>18       Q. And do you know which continuing legal</p> <p>19 education -- I'm sorry -- continuing education programs</p> <p>20 that you attended, what series it was regarding drug</p> <p>21 topics that you attended back in 2014?</p> <p>22       A. This -- it was an online module.</p> <p>23       Q. And it says that you made them available</p> <p>24 to Walgreens pharmacists. So would it be fair to say</p>	<p>1 wouldn't it have helped all of you if you could have</p> <p>2 attended either summits or meetings that dealt with</p> <p>3 this very issue that you were now embarking on?</p> <p>4       A. Potentially may be some additional benefit</p> <p>5 to gain some more information.</p> <p>6       MR. SHKOLNIK: I have no further</p> <p>7 questions.</p> <p>8       MS. DESH: Nothing from me.</p> <p>9       MR. SHKOLNIK: You want to ask some?</p> <p>10       TRIAL TECHNICIAN: Will I make my flight?</p> <p>11       MR. SHKOLNIK: Thank you very much, sir.</p> <p>12       THE WITNESS: Thank you, sir.</p> <p>13       MR. SHKOLNIK: Appreciate it.</p> <p>14       THE WITNESS: Thank you.</p> <p>15       THE VIDEOGRAPHER: We are off the record</p> <p>16 at 5:54 PM.</p> <p>17</p> <p>18       [SIGNATURE RESERVED.]</p> <p>19</p> <p>20</p> <p>21</p> <p>22</p> <p>23</p> <p>24</p>
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<p>1 that you took the hard -- the materials, and then you</p> <p>2 saved it over to the database so that other pharmacists</p> <p>3 could review those as well?</p> <p>4       A. We just linked them out to the website</p> <p>5 that hosted all the education.</p> <p>6       Q. Then it goes on and it says Natasha</p> <p>7 Polster, manager. Due to funding restrictions, we were</p> <p>8 not able to send team members out to drug abuse summits</p> <p>9 or meetings that would get them exposure outside of</p> <p>10 Walgreens.</p> <p>11       Were you aware that the company had</p> <p>12 limited the funds being made available in 2013 into</p> <p>13 2014 that prevented your Pharmacy Integrity members</p> <p>14 from going to summits and meetings to help you get</p> <p>15 exposure outside of Walgreens, in terms of suspicious</p> <p>16 order monitoring and pain management and things of that</p> <p>17 nature?</p> <p>18       MS. DESH: Object to the form.</p> <p>19       A. There has always been kind of a reduction</p> <p>20 in funding for just travel and travel expense, so I</p> <p>21 don't think it's specific to this; I think it's just in</p> <p>22 general just control of company expenses for travel.</p> <p>23       Q. (By Mr. Shkolnik) But during this time</p> <p>24 when you were getting RX Integrity up and running,</p>	<p>1       C E R T I F I C A T E</p> <p>2</p> <p>3       I, JUDE ARNDT, a Certified Shorthand</p> <p>4 Reporter and Certified Court Reporter, do hereby</p> <p>5 certify that prior to the commencement of the</p> <p>6 examination, CHRIS DYMON was sworn by me to testify the</p> <p>7 truth, the whole truth and nothing but the truth.</p> <p>8       I DO FURTHER CERTIFY that the foregoing is a</p> <p>9 true and accurate transcript of the proceedings as</p> <p>10 taken stenographically by and before me at the time,</p> <p>11 place and on the date hereinbefore set forth.</p> <p>12       I DO FURTHER CERTIFY that I am neither a</p> <p>13 relative nor employee nor attorney nor counsel of any</p> <p>14 of the parties to this action, and that I am neither a</p> <p>15 relative nor employee of such attorney or counsel, and</p> <p>16 that I am not financially interested in this action.</p> <p>17</p> <p>18</p> <p>19</p> <p>20       JUDE ARNDT, CSR, RPR</p> <p>21       CSR No. 084-004847</p> <p>22</p> <p>23</p> <p>24</p>

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1 I, CHRIS DYMON, the witness herein, having  
2 read the foregoing testimony of the pages of this  
3 deposition, do hereby certify it to be a true and  
4 correct transcript, subject to the corrections, if any,  
5 shown on the attached page.

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 CHRIS DYMON

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13 Sworn and subscribed to before me,  
14 This \_\_\_\_\_ day of \_\_\_\_\_, 201\_.

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 Notary Public

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1 DEPOSITION ERRATA SHEET

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22 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

23 CHRIS DYMON

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